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CASES

IN

MIDWIFERY;

WITH

REFERENCES, QUOTATIONS, AND REMARKS.

BY

WILLIAM PERFECT, SURGEON,

OF

WEST-MALLING, IN KENT.

"*Non fingendum, aut excogitandum sed inveniendum quid Natura faciat "aut feriat.*"

BACON.

—— "*Relinquamus aliquod quo Nos vixisse tentemur.*"

PLIN. EPIST. Lib. iii. Ep. 7.

VOLUME FIRST.

MANCH MED SOC

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SAMUEL FOART SIMMONS, M. D.

FELLOW OF THE ROYAL SOCIETY,

MEMBER OF THE ROYAL COLLEGE of PHYSICIANS,

AND

PRESIDENT OF THE MEDICAL SOCIETY OF LONDON;

MEMBER OF THE ROYAL MEDICAL SOCIETIES AT PARIS AND EDINBURGH, AND OF THE ROYAL ACADEMY OF SCIENCES AT MONTPELIER, &c.

A GENTLEMAN, WHOSE MEDICAL WRITINGS ARE DISTINGUISHED BY MUCH OBSERVATION AND JUST REASONING; AND, WHOSE GENIUS AND ABILITIES RECOMMEND HIM TO THE HIGHEST RANK IN HIS PROFESSION;

THESE CASES,

ARE SUBMISSIVELY,

AND WITH ALL DUE DEFERENCE,

INSCRIBED,

BY HIS GRATEFULLY OBLIGED,

AND MOST RESPECTFUL HUMBLE SERVANT,

WILLIAM PERFECT.

MANCH MED SOC

PREFACE.

THE Caſes here offered to the Public, are the reſult of attentive obſervation, and of a long and pretty extenſive Experience; they are a Collection of Facts, faithfully related, and as ſuch, I hope, will be conſidered as an evidence of laudable induſtry; and, at the ſame time, prove uſeful, by the addition they bring to the Stock of Medical Truths: with this merit, if allowed me, I ſhall reſt ſatisfied, and ſhall perſiſt

perſiſt with diligence and care, in compleating the SECOND VOLUME; which is already in the Preſs, and in great forwardneſs.

IT will be eaſily perceived, that I have been guided, and encouraged in my attempt, by the information I derived at firſt, from the Lectures of the late learned Doctor COLIN MACKENZIE, and afterwards, from my correſpondence with that truly ingenious Gentleman, who died JANUARY 31, 1775. The whole of this correſpondence is given in the preſent Work.

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Erratum. P. 93, l. 2, *for* 1769, *read* 1770.

CASES

CASES IN MIDWIFERY.

MANCHES
MEDICA
SOCIET

CASE I.

E. G. A poor woman, was taken in labour of her ſecond child about four o'clock in the morning, of the nineteenth of MAY, 1761; at ſeven I was ſent for, and upon examination, found the *os externum* and contiguous parts much tumified, and diſordered with the *lues venerea*, which ſhe owned to have been

afflicted with from the third month of her pregnancy; and, which had been attended with diſcharges of fetid matter, pain, dyſury, and blotches on the ſurface of the body. The *os tincæ* was very high up, tenſe, and dilated to about the breadth of a ſilver penny; her pulſe was weak; at times ſhe ejected by vomit a quantity of porraceous phlegm, and appeared to labour under the moſt dreadful apprehenſions, having been informed by ſome officious goſſip, that women who were ſo unfortunate as to have the foul diſeaſe, when delivered, ſeldom ſurvived their lying-in. 'Twas difficult to ſoothe her into a more comfortable opinion of her caſe: however, my conſolations had ſome weight, and the horrors of her mind were, in a great meaſure, appeaſed — the pains were but trifling all through the day, and about ten at night the *os tincæ* was found little more dilated than in the morning. I exhibited an anodyne, and left her till ſix the next morning, when I was told that the pains had come ſtronger and faſter,

but

but on examination I could find no difference in the ſtate of the *os tincæ*. I waited with her till eight in the evening, when repeating the opiate, I again left her till one the next morning, and then received another call; the pains now recurred much faſter, and the *os tincæ* was dilated to the breadth of a crown piece, the membranes protruded in a kind of bag, and between the pains I could plainly diſcover a preſentation of the *vertex* about the middle of the *pelvis*: after waiting till near ten o'clock the next morning, and the pains being yet pretty ſtrong, I began to imagine that the rigidity of the membranes might, probably, in ſome meaſure, retard the delivery; upon which, (the ſoft parts being ſufficiently dilated) I ventured to rupture them with my fore finger, when the head almoſt inſtantaneouſly deſcended into the lower part of the *pelvis*, ſo as to protrude the external parts in form of a tumour, and, with a ſmall pain, in a few minutes afterwards, was delivered: the child was much diſcoloured, appeared to have been long dead, and the lower jaw and left leg were

emaciated and putrid. After waiting near an hour for the expulſion of the *placenta* and gently waving the *funis* from ſide to ſide, it on a ſudden gave way, and broke off, and preſently after an hæmorrhage came on; when the woman reclining on her right ſide, I went up with my left hand, gained the edge of the cake, and with very little trouble delivered it whole; no extraordinary diſcharge enſued, the patient's ſtrength was as good as could be expected, and her after pains very moderate. I ordered her a *diaphoretic mixture* with *ſyrupus e meconio*, with which ſhe reſted pretty well, perſpired freely, and was the next day in every reſpect better than could have been imagined; but early in the following morning was ſeized with a profuſe diarrhœa, which, notwithſtanding my utmoſt care and attention to her unhappy ſituation, carried her off on the fifth day after her delivery.—I took an opportunity of relating the caſe to doctor MACKENZIE, who was of opinion that the *lues* had affected the *uterus*, and was the cauſe of her death.

MAURI-

MAURICEAU, obſ. 23, p. 20. mentions the caſe of a young woman, who in the ſeventh month of her pregnancy was ſalivated for the *lues venerea*, and who ſpit near three quarts a day, and yet was happily delivered, at the full time, of a healthy child.

OBS. 71, p. 60. he avers to have ſeen a caſe ſimilar to the former, only the patient was but two months and a half gone with child; the uſe of the warm bath was forbid, and the woman, at laſt, was ſafely delivered of a healthy child.

OBS. 100. p. 83. he recites a caſe ſimilar to the former, with a remark, "that in all caſes where a pregnant woman is infected with a *lues venerea*, it is ſafeſt and propereſt to ſalivate her in the earlier months of pregnancy, when the evacuation will leſs affect the *fœtus*.—Two other caſes are alſo mentioned, but in one of them the patient had only a *gonorrhœa*, which, though not cured, did not affect the child: and, in the

other

other caſe, the patient was only ſuſpected of having the infection.

DR. SMELLIE, to whom the world is much obliged for his obſtetric improvements, and many uſeful communications, and to whoſe mechanical plan, the art of MIDWIFERY will ever ſtand greatly indebted, in his firſt volume, p. 165. treating of the *gonorrhœa* and *lues venerea*, gives the following inſtructions: " if the diſtemper has proceeded to an inveterate degree of the ſecond infection, attended with cancerous ulcerations of the *pudenda*, buboes in the groin, ulcers in the noſe and throat, ſo that the life of the patient or conſtitution of the parts is endangered, mercurials muſt be given, ſo as to raiſe a gentle ſalivation; which ought to be immediately reſtrained, and even carried off by mild purgatives, and renewed occaſionally, according to the ſtrength of the woman, until the virus be utterly diſcharged; here, however, a great deal muſt depend on the judgment and diſcretion of the preſcriber, who, rather than propoſe any thing that might

might occaſion abortion, ought to try, by PALLIATING medicines, to alleviate and keep under the ſymptoms till after delivery". In his ſecond vol. no. 4. caſe the firſt, he treats of a poor woman who had the *lues*, " who was delivered of a child, which, at firſt, had no appearance of infection; but, in about eight days, the *ſcrotum* and *penis* began to ſwell, inflame, and break out in little ulcers; the whole body was ſoon covered with venereal blotches, and it was attacked by a cough, which deſtroyed it in three weeks after it was born. — The mother had ulcers in her throat, which grew worſe and worſe: in about a fortnight after her delivery her lungs were affected, a conſumption enſued, and death was the conſequence". — Immediately after the caſe are ſome obſervations, which tend to ſhew, that ſalivation is much ſafer in the firſt ſix or ſeven months of pregnancy, than afterwards.

DR. ROBERT WALLACE JOHNSON, in his ſyſtem of MIDWIFERY, p. 138, ſpeaks in a judicious and clear manner of the *lues venerea* in pregnant women,

women, recites, with accuracy, the diagnoſtics and prognoſtics attending them under that complaint, and points out the neceſſary regimen and cure, p. 138. He further adds, that when little or nothing has been done towards a cure, the child is often dead before its birth; but, if born alive, it ſeldom ſurvives the month.

LAMOTTE, obſ. 388. mentions the caſe of a lady, who not knowing her diſorder to be any other than the *fluor albus*, he cured of a *gonorrhœa ſimplex*.

OBS. 389. & 390. the ſame author alſo gives us two other caſes, in both which the women had the *lues*, but their huſbands remained undiſeaſed; from which he infers, that there muſt be a particular diſpoſition before a perſon can contract the diſeaſe in an impure *coitus*. See the ſame author, p. 502. and CASES xi. and xxix. of this publication.

CASE

MANCHESTER MEDICAL SOCIETY

CASE II.

M. C. Aged thirty-one, in JULY, 1761, was taken with pains reſembling thoſe of labour, upon which a midwife was ſent for, who haſtily pronounced that ſhe had gone her time, and was in labour; but after waiting many hours, and no ſigns of delivery appearing, her friends grew uneaſy, and ſolicited my aſſiſtance. Upon examination, the *os tincæ* was found cloſe ſhut, no mucus deſcended, and by paying proper attention to her pains, I obſerved they were chiefly confined to the abdomen, and did not recur at ſtated periods; on which account I declared them to be ſpurious, and that the labour was not begun. The pulſe being full and hard, eight ounces of blood were taken away, and as ſhe had not been at ſtool for three

days, an emollient clyſter was prepared and injected, from which ſhe received great relief; but as her uneaſineſs was not entirely removed, I ſent an opiate to take at bed time, and heard no more of her for a fortnight; ſhe was then attacked with ſimilar complaints, and relieved by the ſame means as before. Near a month afterwards, at three o'clock in the morning, I was again called to her; but now her pains were genuine, ſmall, but regular, the mucus deſcended, and the *os tincæ* was beginning to dilate, but felt hard and rigid to the touch; the pulſe was much depreſſed, and the patient greatly dejected. I ordered her ſome wine caudle, with a few drops of ELIXIR PAREGORICUM, and ſtaid with her till nine in the evening, when finding her free from pain, and aſleep, I left her: at ſix in the morning I received a meſſage to attend her, and was told that her pains had been very ſtrong and regular for three hours together, and that the waters had newly broke, which I found to be the caſe; and likewiſe, that the *os tincæ* was much dilated, and in time of pain, the *vertex*

puſhed

puſhed down into the *pelvis*, but receded as it went off. I gave the patient every encouragement in my power, having reaſon to believe the event would be ſpeedy and favorable, but herein I was diſappointed; for, although the pains ſtill continued powerful, yet they were ineffectual for many hours, which ſurprized me the more, as the *uterus* had receded from the head of the child, which was not large. The woman had been uſed to good labours, and the *pelvis* was apparently well formed. About an hour before the child was delivered, the attendants were rather anxious and urgent for the delivery, but were ſatisfied with my aſſurances of there being no danger, and, that as the child preſented fair, and the pains were good, they muſt, for the ſafety both of mother and child, be ſome time longer ſubmitted to; which they were, and the woman, after having undergone uncommon ſeverity of pain for the laſt ſeven hours, was delivered at four o'clock in the afternoon. The *funis* was four times circumvoluted about the neck of the *fœtus*, which came away together with the *placenta*. It was

ſome time before any ſigns of life appeared in the child, and not till it had bled from the *funis*, and been well rubbed with warm cloths. The patient complained of thirſt and heat, and her pulſe was much accelerated; a few grains of SAL NITRI were therefore exhibited in barley water, and repeated every five hours; a perſpiration came on, the thirſt and heat abated, the patient recovered, and has ſince had ſeveral children; with all of which I have attended her, without the leaſt difficulty whatever.

IN the 19th collection of dr. SMELLIE'S CASES, vol. 2. no. 1. caſe 1. with a reference to table 9. is the caſe of a woman who was delivered of a dead child, about whoſe neck the *funis* was four times circumvoluted.

CASE II. of the ſame collection, exhibits an inſtance of the head's being retracted by the circumvolutions of the *funis* round the neck of the child. Several poſtures were adapted for the woman's delivery, but that between ſitting and

lying

lying was found to be the moſt commodious. The fingers were introduced into the *rectum*, and thereby the head prevented from being drawn up again after a pain; by which means it advanced farther and farther, and its delivery was aſſiſted by raiſing the forehead upwards with an half round turn from the lower part of the *os externum*. —The hint of aſſiſting in this manner was taken from OULD's treatiſe, publiſhed in the year 1742.

MR. ALEXANDER HAMILTON, in his elements of the practice of MIDWIFERY, affirms, " the *funis* to be ſometimes faulty from its too great length, or the contrary". Thus he ſays, " the extraordinary length, by forming circumvolutions round the child's neck or body, ſometimes proves the cauſe of protracting the labour; but as this can only happen when the *chord* is of an uncommon length, there is generally enough left to admit of the exit of the child with ſafety": and contradictory to the above practice received from OULD's treatiſe, he

further

further obſerves, that " the practice of introducing a finger IN ANO, to preſs back the *coccyx*, or to prevent the head, when it advances, from being retracted by circumvolutions of the *chord*, is now entirely laid aſide; an expedient", which he affirms, " can anſwer no end but that of fretting and bruiſing the parts of the mother, and injuring thoſe of the child".

IN a treatiſe on the improvement of MIDWIFERY, by mr. EDMUND CHAPMAN, we find, that " when the child is born as far as his ſhoulders, and the navel ſtring appears to be twice twiſted round its neck, he orders a woman to paſs the ſciſſars (carefully avoiding any hurt to the child) under one of the INVOLUTIONS, and cut the STRING, not ſuffering the child to advance any farther before this be done.

WHEREAS, mr. HAMILTON affirms " it to be time enough, in general, after the child is born, to ſlip the nooſe over the ſhoulder or head"; and ſays, " there is ſeldom occaſion to divide the

the chord in the birth, a practice that may be attended with trouble and hazard.

THE late dr. BURTON, of YORK, in his eſſay on MIDWIFERY, relates two caſes, where the *umbilical chord* hindered the birth of the child, by being ſo long, that it was near three times wrapped or twiſted round the child's neck. In the firſt caſe the child was born dead, and in the ſecond alive. He alſo ſhews, p. 177, another, in which, upon endeavouring to deliver footling, he found the *umbilical chord* twice twiſted round the child's body; that it was very ſtrong, and went betwixt the child's thighs: as it impeded his endeavours, and prevented the child from advancing in its delivery, he thought it neceſſary to rupture the *chord*, and the child was born immediately.

THE celebrated RUYSCH, p. 36, of his practical obſervations in SURGERY and MIDWIFERY, ſpeaks of a *fœtus*, killed by a wonderful contortion of the *funiculus umbilicalis*, and thinks this diſeaſe proceeded from a more frequent turning

ing round of the *fœtus in utero*; and, that this was the cauſe of its death, by intercepting entirely the circulation of the blood through the vaſcular *rope*.

THERE are ſome remarks on this ſubject (the twiſting of the *chord* about the neck of the *fœtus*) to be met with in different parts of LEVRET; and I find that he likewiſe quotes LA MOTTE, book ii. chap. 9.

I HAVE ſince met with ſeveral lingering labours, where there has been no unuſual ſtraitneſs, or any kind of impediment to be diſcovered in the *pelvis*, and the efforts of the women have been very powerful, yet ineffectual, occaſioned by the neck being entangled in the *funis*.

CASE

CASE III.

IN the month of AUGUST, 1761, I was ſent for at the deſire of a midwife, to aſſiſt a woman whoſe efforts of labour had been ineffectually violent for the laſt ten hours. The waters had broke ſoon after the beginning of the labour, and continued draining off in great quantities. The *os tincæ* was widely dilated, the woman's ſtrength and ſpirits were pretty good, and the head of the child was below the brim of the *pelvis*, advancing when the pain came on, and receding as it went off. The midwife had treated her with much care and tenderneſs; but as ſhe had been long confined to lying on her left ſide, I deſired her poſture might be altered, and that ſhe would turn to the oppoſite one, in which ſituation ſhe was ſoon delivered, when the *funis umbili-*

calis appeared uncommonly ſhort, and was turned once round the neck, which had doubtleſs been the principal impediment to the birth. Vide LAMOTTE, chap. 22. & chap. 9. obſerv. 119, 120, & 121.

BY practical obſervation, we ſhall find, I believe, that the ſhortneſs of the *funis umbilicalis* is much ſeldomer the cauſe of the head's retraction, betwixt each pain, than the circumvolutions of it about the neck; and, that when it does occur, the *placenta* is generally in more danger of being detached from the *uterus*, than in the other caſe.

CASE IV.

IN the beginning of the year 1762, I was desired to visit a woman who had undergone a lingering labour of five days and nights, and been attended by a midwife. It was about five o'clock in the evening, of the 2d of SEPTEMBER, when I came to this patient—I found the *os tincæ* greatly dilated, and the *cranium* presenting naturally with the *vertex*, but drawing back after the pains, which were but trifling, and seldom recurred. In this state I gave her an opiate, desired she might be kept quiet, and that I might be again sent for when the pains grew stronger, which was not till the evening of the next day, when I received another call, and had scarcely been in the room twenty minutes before she was delivered by the natural efforts of a

fine live child; the circumference of whoſe *funis* was but little leſs than two inches, and the length not quite ten.

MAURICEAU, obſ. 406, gives an inſtance of his having delivered a woman of her firſt child, whoſe naval ſtring was extremely ſhort and as thick as its arm. The child had been dead ſeveral days before delivery. Several like caſes are given by the ſame author, obſ. 401. 549. 612. 640. 662. 687. HILDANUS obſ. chirurg. cent. 2. & obſ. 50. Vide LAMOTTE'S obſ. 229.

DR. BURTON, p. 144. mentions a remarkable caſe, in which the labour was retarded by the ſhortneſs of the *umbilical chord*, which he reached and ruptured to facilitate the delivery; and which he ſays was not above ten inches long, and of twice the thickneſs of his thumb, very hard in ſome places, and knotty, as it is commonly called. He alſo met with two other caſes ſimilar to this, in both which the chords were as ſhort, but ſmaller.

CASE

CASE V.

ON the 24th of MARCH, 1762, my aſſiſtance was ſought in regard to the *placenta* of a young woman, who had four hours before, without any extraordinary trouble, been delivered of a fine male child by a man-midwife, who, upon my coming into the chamber appeared much ruffled and uneaſy, averring, that his ſkill had been called in queſtion, and his practice much cenſured by the attendants, becauſe he had not been able to deliver the *placenta*; I ſympathized with him upon his ſituation, and begged we might uſe our joint endeavours to ſerve the patient: he had made many eſſays by pulling and gently waving the ſtring, but to no purpoſe, and had once, he ſaid, introduced his hand into the *vagina*, with a deſign to open the

uterus

uterus and detach the *placenta* from its adhesion, but his proceeding was prevented by the cries of the woman. The women became very pressing that I should deliver the after-birth; but, for my own part, as the woman did not flood, I saw much less damage in its retention, than in passing up the hand for its extraction; but, however, in compliance with the request of the by-standers, I had the woman placed on her back, and with the utmost gentleness passed my hand, sufficiently lubricated through the *vagina* into the *uterus*, where finding the cake loose and disengaged, I slipped my fingers behind it, and grasping it firmly with much caution, extracted it whole and entire, and no disagreeable symptoms following, the woman did very well. Upon examining the *funis* and *placenta*, the former appeared to have been inserted in the very center of the latter; from whence, probably, might arise its unusual retention; at least, I have no less an authority, than RUYSCH's, to suppose it was so, as he has published a very curious case of the extraction of the *placenta*, being impeded by a particular

insertion

inſertion of it into the *placenta*; in which he obſerves, that no writer has made mention of the CENTRAL inſertion of the *funiculus* into the *placenta*, which is one of the chief objects to its eaſy extraction; for when the *funiculus* is inſerted exactly into the center of the *placenta*, it generally ſeparates from it with difficulty, in ſo much, that midwives are frequently obliged to wound ſuch a *placenta* with their fore finger, in order to make it ſeperate; whereas, if the *funiculus* was inſerted either to one ſide or the other, the *placenta* would eaſily follow the *fœtus*: the reaſon of this is, the ſame as that of a round piece of leather, formed into a ſucker, with a ſtring in the center of it; for when that piece of leather is wetted and applied to a heavy ſtone, it will eaſily lift up a ſtone from the earth without being pulled off; but if the ſtring is faſtened to one ſide of the leather it will not be capable of producing that effect.

CASE

CASE VI.

A. C. Aged twenty-ſeven, during the latter months of geſtation with her fifth child, complained of very great pains, inſomuch that ſhe could neither ſit, lie, or ſtand, without particular uneaſineſs; bleeding was uſed, and opiates frequently referred to, but neither eaſed her long together: by undergoing ſuch wearifome and almoſt inceſſant pains her ſtrength was much diminiſhed, and ſhe ſuffered great anxiety of mind. In the morning of the 14th of AUGUST, 1762. ſhe had pains which were taken for thoſe of labour; in conſequence whereof I was called, and upon examination could not diſcover the *os tincæ*, a circumſtance, which having never met with before, ſurprized me very much. I re-

queſted ſhe might alter her poſture, and ſuffer me to touch her again; but being averſe to either, and very fretful, I left her, after exhibiting an opiate, and aſſuring her that I would wait on her again as ſoon as ſent for. She doſed through moſt part of the day, and in the evening, being much refreſhed, walked about, and ſeemed eaſier than ſhe had been for many days before. The following night ſhe was again taken with pains; and even now, upon ſearching, I was not able to find the *os tincæ*, and therefore ſtill remained ignorant of the true ſtate of the labour—ſhe was very peeviſh and low-ſpirited; and whenever the pains recurred, complained of an uncommon puſhing againſt her ſides, which gave me the idea of a CROSS BIRTH, and made me extremely anxious to diſcover the ſituation of the *os tincæ* and preſentation of the *fœtus*. After waiting ſome time I obtained leave to touch her, when taking advantage of her permiſſion, I gradually paſſed my whole hand, lubricated with *axungia*, up the *vagina*, and with my fore finger ſearched for, and

diſco-

diſcovered the *os tincæ* to the left ſide, very high up and open to a great breadth: on preſſing my fingers in a conical form, I gently proceeded through it and felt ſomething ſoft, which I then imagined to be the BREECH of the child; but as I was not certain, my hand being much cramped, and the patient terrified, I was obliged to defer all further ſearch for the preſent, and withdrew it, declaring in private to the aſſiſtants that the child did not preſent right, and that the labour would be attended with ſome difficulty. The pains following pretty quick and faſt, I touched her again, paſſed my hand as before, and found the belly of the child diſtinguiſhable by the inſertion of the *funis* at the navel. As ſhe was placed on her right ſide upon the bed, I went up gently for the feet, which were cloſe together doubled over the breaſt, and taking hold of them with my hand, with great care and circumſpection brought them down into the *vagina*, and delivered them: the patient was then turned and placed on her back, and her hips being elevated

higher than her head, with her legs hanging down, and ſupported by aſſiſtants — I ſeated myſelf in a low chair betwixt them; and, taking hold of the legs, delivered to the breech, when paſſing up my finger I found the belly of the child to the back of its mother, and immediately delivered to the ſhoulders; then introducing my fore finger between the child's ſhoulder and the *pubis* of the woman, and ſlipping it down to the right arm, with a half-round turn delivered it: in the ſame manner I gained the left arm; then hooking the neck with the two firſt fingers of my right hand, and ſliding the whole of my left up to the child's face, by gently pulling and waving both hands at the ſame time from ſide to ſide, with little difficulty I delivered the head. The child was alive and unhurt; but by way of caution I ſuffered it to bleed from the *funis*, to the quantity of a tea cup full, and directed its being bathed with warm milk and water before it was dreſſed.

DIONIS remarks, that when the child preſents with the belly or breaſt foremoſt, the two ſituations are much the ſame, and equally dangerous, for THE NAVEL STRING IN BOTH, NEVER FAILS TO COME FORTH; and the back bone, which can by no means be bent backwards, is ſo preſs'd that the child is rack'd with pain, and muſt needs die, if it is not ſpeedily relieved.

MR. PUGH, page 102, chap. 18. ſpeaking of children lying acroſs in the womb, and preſenting with the belly or breaſt, remarks, that " a child cannot well preſent in a more dangerous poſture than this, for the *vertebræ* are bent backwards, in ſuch a manner, that the feet and back of the head meet together at the bottom of the womb; in which caſe, by the force of the pains, the *vertebræ* are in danger of being ſtrained to a great degree: in this kind of labour, the mouth of the womb ſeldom dilates much, notwithſtanding the ſtrongeſt pains; the reaſon is very plain, becauſe, in this poſture, the parts cannot come ſo low to preſs upon it: whereas, in any other

ſituation,

ſituation, the part near the orifice will preſs more or leſs, in ſome meaſure, to cauſe dilatation". And in all the different ſpecies of preternatural parturition, there is no poſture, I believe, in which the child is more expoſed to danger.

DR. JOHNSON affirms it to be the worſt poſition that can happen to the child, eſpecially if it is bended backwards till the *occiput* and head come nearly together, the ſpine being thereby not only moſt unnaturally ſtrained, but the viſcera of the whole trunk alſo. Vide PORTAL'S obſerv. 13, p. 59. MAURICEAU, p. 210. DAVENTER, p. 182. and LAMOTTE, chap. 29. obſ. 280.

THERE are inſtances of preſentations of the belly of the child, in almoſt every other author who has wrote on the ſubject of MIDWIFERY; in the generality of which, the *funis* is ſaid to have more or leſs prolapſed into the *vagina*, and in ſome caſes even beyond the *os externum*; but in the above caſe it did not prolapſe in the leaſt before the delivery.

CASES

CASES VII. and VIII.

COMMUNICATED

IN LETTERS TO THE LATE

DR. COLIN MACKENZIE.

" MALLING, SEPTEMBER 25, 1762.

" DEAR SIR,

" IT may probably give you ſome " ſatisfaction to hear of my ſucceſs in the TWIN " CASE of ELEANOR EMMERSON, a poor travelling " woman, to whoſe aſſiſtance I was called by a " neighbour, who had found her in labour in a " barn near this place. She informed me that ſhe " had borne ſeveral children, but never been ſo " big with any one as ſhe was now; that ſhe had " felt motions in different parts of her belly,

" frequently

" frequently had ſmall pains, and was exceedingly
" weak and low for want of nouriſhment, of which
" ſhe had taſted no kind for the laſt twelve hours;
" I touched her as ſhe lay upon her ſide, and found
" the *os tincæ* high up and very little dilated. As
" ſhe was wretchedly poor, and in a moſt low and
" dejected condition, my firſt ſtep was to procure
" her ſome warm caudle and a few neceſſaries,
" which the exigency of her caſe ſeemed to require
" at the hand of humanity. She took plentifully of
" broth and caudle between the pains, which in
" about an hour after my ſecond viſit became very
" ſharp and ſtrong, and the membranes unexpect-
" edly breaking, I ſearched and found the *os tincæ*
" conſiderably dilated, and a BREECH preſentation,
" which I ſubmitted to nature till the child was ad-
" vanced as far as the *thorax*, when I gently laid
" hold of the feet and brought them down, and the
" child being very ſmall the other parts followed
" without difficulty. After waiting ſome time for
" the *placenta*, and the pains continuing nearly as
" ſtrong as before the child was born, I entertained
" ſome ſuſpicion of another child, and applying

" my

" my hand externally on the abdomen diſcovered
" a tumor much too large for the *uterus* only;
" after tying the *funis*, and paſſing my hand thro'
" the *vagina*, I diſcovered the face of a ſecond
" child below the brim of the *pelvis*. I acquainted
" the woman there was another child, and encou-
" raged her to make the moſt of her pains,
" which ſhe did for near an hour and three
" quarters, when finding the head pretty low down,
" and perceiving her extremely faint, much fa-
" tigued, and beginning to flood, without the
" leaſt heſitation I had recourſe to the forceps,
" by which means ſhe was ſafely delivered of the
" remaining child. The *placentas*, by gently
" pulling at both *chords*, eaſily ſeparated from
" the *uterus*, and were delivered without any
" trouble in a few minutes after the birth of the
" ſecond child: they adhered ſo cloſely together,
" as to appear almoſt one compact body, with
" two diſtinct *chords*, one of which was *bifurcated*
" to the length of two inches and three quarters
" next to its inſertion in the *placenta*. As I
" formed an idea of the ſituation of the *fœti in*

" *utero*, I have taken the liberty to offer you a " delineation of the ſame; as it is my firſt eſſay " in this way, its incorrectneſs will, I hope, ap- " pear venial.

" I am, &c."

THE ANSWER.

" DEAR SIR,

" THE caſe was very curious and " extraordinary indeed, and the delineation inge- " nious enough. I ſhall be much obliged to " you, if you will inform me how long the waters " broke before the birth of the firſt child, to " what part the ears of the ſecond child were, " how high up, &c. It will always be a pleaſure " to me to hear of your ſucceſs, and prove " myſelf, &c."

" P. S.

"P. S. It were pity you did not preſerve "the *biſurcated funis*, as it was a moſt extra- "ordinary appearance, and what I never yet "met with: in uſing the forceps I have not a "doubt of your care; but you will do well to "remember the rules for their application, which "are laid down by SMELLIE; and are truly the "moſt valuable parts of his book."

"DEAR SIR,

"AGREEABLE to your requeſt, "I inform you, that the waters were evacuated "about half an hour before the birth of the "firſt child. I need not again mention the "means of my diſcovering the ſecond; the face "of which preſented below the brim of the *pel-* "*vis*, with one ear to the *pubes*, and the other "to the *ſacrum*; when finding matters as deſcri- "bed in my former letter, I cauſed the woman

" to be placed upon her back, with her hips
" ſomething higher than her head, fixed the for-
" ceps, and waiting for a pain, puſhed the head
" up and turned the face into the hollow of the
" *ſacrum*, and by gently pulling it half round
" upwards, delivered it without the leaſt injury
" to the *os externum* or *perinæum*. I have deſcri-
" bed the caſe as circumſtantially as it is in my
" power to recollect; and ſhall, in future, ob-
" ſerve the directions you gave me, when under
" your pupillage, of keeping a journal of my
" practice in MIDWIFERY. The woman and chil-
" dren are at preſent very hearty. — Since this
" TWIN CASE, on the twentieth inſtant, I deli-
" vered a woman, who had been in labour
" three days before I was ſent to, and whom I
" found flooding very faſt; the pains were much
" weaker than they had been, the *os tincæ* was
" ſufficiently dilated, and the membranes puſhed
" down, and felt very rigid, which induced me
" to rupture them: when the child's head, which
" had before continued higher than the brim of
" the *pelvis* immediately fell down to the *os exter-*

" *num*,

" *num*, and was eaſily delivered by the next ſlight " pain; the *placenta* ſoon followed, without any " difficulty, and the flooding was ſtopped by " the contraction of the *uterus*. This is the " fourth day ſince her delivery, and her child " and ſelf continue in a fair way of recovery.

" I am, &c."

THE doctor in his reply to this ſecond letter, entirely approved of the manner in which I had proceeded.

ON conſulting our beſt writers on MIDWIFERY, I find that CHAPMAN, page 110. ſpeaks of two women whom he delivered of TWINS: and in p. 136. of a woman who had ſpurious pains, which were put off for the ſpace of eight days, when ſhe was happily delivered of TWINS: again, p. 164. of a woman delivered of TWINS; the firſt preſenting

ſenting with the head, and bearing upon the *os pubis*, was extracted by turning: alſo, p. 167. of a woman delivered of female TWINS, the firſt of which was brought away by the forceps: and p. 168. of a TWIN CASE, in which he delivered a gentlewoman of her ſecond child which had been long dead, the other child was born near two days before; the *funis*, with a hand and foot offered, and he delivered footling.

GIFFARD, p. 205. mentions a delivery of TWINS, the firſt ſticking at the head, which was protruded into the *vagina*, and could paſs no farther; and the ſecond was delivered by the feet: and in p. 264. a delivery of TWINS, one of which preſented with a hand before the head: alſo, p. 306. a delivery of TWINS, one born before he got to the patient, and the other preſenting with one foot: likewiſe, p. 332. a delivery of TWINS, one came with the head foremoſt but ſtuck in the paſſage; the other preſented a hand: alſo, p. 361. a delivery of TWINS, about ſeven months old: and in p. 371. a delivery of TWINS, a

girl

girl and boy; the girl was delivered by a natural birth twenty-four hours before the boy, who preſented with one hand and one foot: alſo, p. 384. a TWIN CASE, where the firſt child was delivered with the labour pains, and the ſecond with the forceps: alſo, p. 385. TWINS, the firſt child preſented with the *fontanelle*; but the membranes of the ſecond were puſhed down before the membranes of the firſt: alſo, p. 386. both children preſented in a natural way, the firſt child delivered with the labour pains, the ſecond turned and brought footling: alſo, p. 388. two children preſented together, one with the head, and the other with the feet: alſo, p. 389. both children preſented with the breech, and were each delivered by the labour pains: alſo, p. 390. the firſt child preſented with the arm, the ſecond with the head, which were both brought footling: alſo, p. 392. both children preſented wrong and were brought footling: and, p. 403. the ſame celebrated author mentions a delivery of TWINS, which occurred to him, where the firſt preſented with the head, the ſecond was incloſed

in

in its membranes and lay high up in the *uterus*. Vide LAMOTTE, chap. 23. obſerv. 168, 169, 170, 171. alſo, chap. 36. obſerv. 296.

DR. BURTON, obſerv. 3. preſents us with a TWIN CASE, where the mother had been delivered of one child nine hours before he got to her, when he ſoon delivered her of a ſecond.

A CASE is given by PORTAL, obſerv. 8. of the delivery of TWINS, one having its right thigh croſs the left, and the other its feet ſtrait, both of which he delivered footling: alſo, obſerv. 9. he deſcribes another caſe concerning the delivery of TWINS; wherein both children were delivered in like manner as before: obſerv. 40. we find a third delivery of TWINS, one of them in a natural, and the other in an unnatural poſition: alſo, obſerv. 70. the ſame author relates the caſe of a lady who had TWINS, one preſenting with the *nates*, and the other with one eye foremoſt; the firſt he delivered footling, and the ſecond was delivered by the natural efforts: and obſerv. 74. he

he imparts the caſe of a dropſical woman big with TWINS, one of which came to its perfection, preſented with the *nates*, and was delivered footling; and the other piece meals, with his hand, it being putrified in its membranes, and ſuppoſed to have died between the fourth and fifth month.

DR. EXTON has inſerted a TWIN CASE, p. 84. wherein he was ſent for to deliver a poor woman of a ſecond child, which he found preſenting with the arm, the *cuticle* of which giving way to the touch, and coming off on his finger, he concluded the child to be dead; and returning the arm, delivered it footling.

IN collection 37. vol. 3. of dr. SMELLIE'S MIDWIFERY CASES, he ſpeaks of a TWIN CASE, where the firſt child preſented with the *fontanel*, but the membranes of the ſecond were puſhed down before the membranes of the firſt; both children preſented with the head: and likewiſe of another caſe, where the child was delivered with the

labour pains; and the ſecond, being larger, with the forceps: he alſo mentions a third caſe, where both children preſented in the natural way; the firſt delivered with the labour pains, the ſecond turned and brought footling: another, where two children preſented together, one with the head, and the other with the feet: another, where both children preſented with the breech, and were each delivered by the labour pains: another, where the firſt child preſented with the arm, the ſecond with the head; both brought footling: and a ſeventh caſe, where both children preſented wrong, and were brought footling.

THE rigidity of the membranes, as in my laſt mentioned caſe, will ſometimes be found to occaſion a tedious labour; yet much precaution is neceſſary, and the head of the child ſhould be ſufficiently low before we venture to rupture them; for, in the courſe of my practice, I have more than once experienced many inconveniencies ariſing from the officious dexterity of the

woman

woman practitioner, in procuring a premature diſcharge of the waters.

IN tedious labours, from the rigidity of the membranes, when puſhed down, or not, with the waters, ſee SMELLIE, vol. ii. collect. 15.

CASE IX.

ON the 29th of DECEMBER, 1762. I was ſent for to a woman, the wife of a gentleman's coachman, at MEREWORTH, in this county, who had been delivered of one child early in the morning of the twenty-third day of the ſame month, and been pretty free from pains from the time of her delivery, till within a few hours of my being called—as the *placenta* of the firſt child came away without difficulty in the uſual time, no remaining child was ſuſpected by the midwife. I laid my hand upon the woman's *abdomen*, and plainly perceived a ſize and hardneſs thereof, which confirmed me in the opinion of a ſecond child. I ſearched her in time of a pain, and found

found the membranes broke, the *vertex* preſenting, and the pains ſo very ſtrong, that the child was delivered by their efforts only, in half an hour after I entered the room.

IN the memoirs of the academy at PARIS, 1727, page 15. 20, 21. is an account of two children delivered eight days after one another.

THE continuance of labour pains, after the birth of one child, is generally ſuppoſed to indicate a ſecond; but by the above caſe, that criterion is found to be very uncertain. As this woman had an intervention, of almoſt ſix days, before there was any material recurrence of pains. The ſureſt and moſt infallible determinations in ſuch caſes, I ſhould ſuppoſe, is the application of the hand externally on the *abdomen*; or, the finger and hand, if neceſſary, introduced into the *uterus*. This rule, however, is not always infallible; for a very judicious practitioner (mr. JOHN AIKIN) in the EDINBURGH med. comm. vol. ii. relates the hiſtory of a caſe, in which he himſelf miſtook a

tumour

tumour in the *abdomen* for a ſecond child. This *tumour* ſoon after ſpontaneouſly diſappeared. A ſimilar caſe, we are told, occurred, ſeveral years ago, to an accoucheur, of eminent ſkill and experience at WARRINGTON.

CASE

CASE X.

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

" 10 DECEMBER, 1762.

" DEAR SIR,

" EARLY yeſterday morning I was " applied to for aſſiſtance, in a caſe, where the " wife of a tradeſman, in this neighbourhood, " had been in labour four days and nights, and " was the whole time attended by a woman mid- " wife, who acquainted me, that" ' the waters ' had broke and gone off two days before; and, ' that the child, which was before out of reach, ' had then come very low down, and offered,

'ſhe believed, with its face for the world, as ſhe
'could diſtinctly feel its mouth with her finger.'
" The patient was in better ſpirits, than from the
" length of her labour might have been expected.
" She had a pain—I touch'd her, and was ſure
" of a BREECH preſentation, both by the feel,
" and the *meconium* which followed the ſearch,
" and tinged my finger. The pains were ſtrong
" and powerful, and in about two hours deli-
" vered the child as far as the thorax, when I
" carefully brought down the feet; with little
" difficulty effected the mechanical turns to be
" obſerved in footling caſes, and delivered the
" woman; but was ſurprized to find the *placenta*
" and child come together; it was very languid,
" and breathed weakly, which induced me not
" to divide the *funis*, but to place the *placenta* in
" a baſon of warm water to promote the circula-
" tion, till the child ſhould gather ſtrength;
" which anſwered to my wiſhes; and, in about
" an hour after its birth I ſeparated the *funis*,
" and the child is at preſent likely to ſurvive.

" I am, with much eſteem, &c."

THE

THE ANSWER.

" DEAR SIR,

" YOU did right in leaving the " delivery to nature, whoſe efforts, in ſuch caſes, " are generally deciſive, and ſhould be ſubmitted " to—a child is always leſs expoſed to ſuffer " when it advances naturally; but ſhould dan- " gerous ſymptoms, ſuch as convulſions, flood- " ings, &c. enſue, it may be neceſſary to expe- " dite the delivery. I think, 'tis MAURICEAU " who inculcates a like doctrine. The attention " you gave the child deſerves commendation; " and believe me,

" Very reſpectfully, &c."

CHAPMAN, p. 171. relates the delivery of two women, in whom the *nates* offered, one was a ſmall child, and far advanced; he ſlipped his fingers into the groin, and by aſſiſting in the pains, which were quick and ſtrong, delivered her at the third pain; the other child, which was larger, and not ſo far advanced, after placing the woman in a proper poſture, he delivered footling.

THE following caſes are from GIFFARD, p. 14. he gives one of the *nates* preſenting; in which after waiting a conſiderable time, and not being able to aſcend far enough with his fingers to be of ſervice, he paſſed a blunt hook over the upper part of the thigh, and after ſeveral eſſays, drew it out to the hips; when getting out both legs, he proceeded to the full delivery: page 100. he has another caſe, where the left buttock preſented; and not being able, with the fore finger of each hand, placed on each ſide of the thigh near the groin, to draw out the feet, he ſucceeded by putting a ſoft ſtring over the end of his finger, and getting that up on one ſide over the thigh, and a

finger

finger on the other ſide, he drew the ſtring out, and fixing it cloſe up to the hips and groin, he took hold of the ends that hung out, and adviſing the woman at the ſame time to preſs ſtrongly down; by this method he extracted the hips and legs: page 224. the ſame author deſcribes a delivery, in which the child preſented with the *nates*, and was delivered footling: p. 392. he alſo gives a caſe of a *nates* preſentation, where he paſſed his fore finger into the child's groin, and there bending it, he endeavoured to bring the hip downwards; by which method, and the woman's forcing down, he found that the child advanced, and after three or four pains brought out both buttocks, and then extricated the legs and thighs: and p. 503. he ſpeaks of two deliveries, where each child preſented with the buttocks, the *funis umbilicalis* of the firſt child being ſlipped down into the *vagina*—as he found it impoſſible to return the *funis*, he thought it requiſite to haſten the delivery; he paſſed up one finger over the upper part of the thigh into the groin, and there bending it, endeavoured to draw

the

the hip outwards, at the ſame time adviſing the woman to aſſiſt by bearing ſtrongly down; by this method he found the hip to advance, ſo that he was able to paſs the fore finger of his other hand up on the oppoſite ſide, and taking care not to diſlocate the hip, or break the thigh bone, ſoon brought out one buttock, diſengaged the other, drew the body forwards to the ſhoulder, and delivered the head as uſual.

DR. PUGH ſpeaking of the preſentation of the *nates*, obſerves, "that if you cannot ſucceed in the delivery with your hand, it is the opinion of ſome authors, that you muſt introduce blunt hooks inſtead of your fingers; which method he very judiciouſly reprobates as a practice capable of doing much miſchief; having been ſo happy as to meet with no labour of this kind, but where he ſucceeded with his hands." Vide LA MOTTE, obſ. 281. & 282. and PORTAL, obſ. 1. & 11.

DR.

DR. BURTON has given a caſe, where he was ſent for to a perſon, who they ſaid had got a very hard ſwelling at the pit of her ſtomach, and could not lie down. At his arrival, he found the child's head (the woman being within a month of her reckoning) as high as the *proceſſus enſiformis*, projecting very much outwards. The woman vomited frequently, eſpecially if ſhe eat any thing ſolid, although no bigger than a walnut; wherefore he ordered her to take no kind of food but ſpoon meats, and a gentle opiate for two or three nights; after which ſhe continued to the end of her term, having only now and then a ſlight puking, or provocation to vomit; he told her friends that as the child's head was ſo high up, and ſo ſtrongly compreſs'd, he did imagine the woman would have a preternatural labour, becauſe there was not room for the child to turn with its head downwards; which accordingly happened as he had prognoſticated: when he was ſent for to deliver her, the child preſented with its buttocks; he ſoon got the feet, and brought forth a luſty living child.

WHAT follows is from SMELLIE, vol. 3. p. 73. he mentions a caſe where the *nates* preſented, and he effected the delivery with much difficulty with his hands only: p. 75. of the ſame volume, he deſcribes another caſe wherein the breech preſented, and the head was delivered according to DAVENTER'S method: p. 77. we meet with a breech caſe from dr. TATHWELL, of STAMFORD, in which the child was dead, and delivered footling by the hands: p. 78. the breech preſenting; the thighs to the *iſchium* low down and turned to the *pubis*; the child extracted by the hands: p. 80. the breech preſenting, and the thighs to the *pubis*; the delivery effected by the hands: p. 84. a caſe of the breech preſenting, and the delivery aſſiſted with the curve at the handle of the blunt hook, and a fillet or limber garter: p. 88. the breech preſenting at the brim of the *pelvis*, and the thighs to the left ſide; delivered with the hands: p. 89. the breech preſenting at the brim of the *pelvis*; the child large, and the thighs to the *pubis*; the patient troubled with floodings; DAVENTER'S method tried in vain;

and

and a ſucceſsful attempt to deliver with the hand: p. 91. the breech preſented the thighs to the *ſacrum*, and the *pelvis* diſtorted; delivered by the hands: p. 94. the breech preſenting, the *pelvis* narrow, and the thighs to the *pubis*; the child brought down, and delivered by the hand: p. 96. the breech preſented; the body and arms delivered by a midwife, and the head by the hands of the operator: p. 100. the body of a child delivered, and the forehead detained above the *pubis*, but delivered by the hands: p. 101. the breech preſented, the child was delivered by the hand; a flooding came on after delivery, and the woman died: p. 102. the breech preſented; a flooding came on after delivery; the child delivered with the hands, and the woman died: and 103. he has given another caſe, in a letter from mr. AYR, where the breech preſented, and the delivery was effected by the hands.

DR. ASTRUC ſays, "as ſoon as it is certain that the breech preſents, the ſhorteſt and moſt certain way is to rupture the membranes, diſ-

charge the waters, return the child back, and deliver it by its feet. Some people, aſſert, that if the breech of the child is ſo ſtrongly rivetted in the mouth of the womb and *pelvis*, that its reduction would be very difficult; a labour may be permitted to go on in this manner, and the child be delivered bent double, which appears to him, he ſays, always a very imprudent conduct."

WHEN the *nates* offer, it is ſometimes difficult to diſtinguiſh them from the head, eſpecially whilſt they are high in the *pelvis*, the *amnion tumour* preceding them, and are deſcending a little before the other: but after the membranes are broke, and the *nates* are advanced near the middle of the *pelvis*, they are then known by the following marks: namely, they feel ſmooth and fleſhy; their form is not ſo globular as that of the head; and when they are preſſed hard by the point of the finger, they are found to be very firm, and not ſo equal in their convexities as thoſe of the bones of the ſcull when they preſent

ſent together; a *ſulcus* may be felt running acroſs the *apex* of that part which preſents: and as they deſcend lower, the external parts of generation become ſo much tumified by the compreſſion above, as to project conſiderably from this *ſulcus*: nay, if it is a male, the *ſcrotum* is often ſwelled very much, and looks livid for ſome days after the birth, but recovers its natural ſtate in about a week; beſides the above ſymptoms, the child being compreſſed in this double poſition, as ſoon as the membranes break, the *meconium* iſſues forth ſometimes in very large quantities. When the *pelvis* is of an ordinary ſize and form, the natural efforts will commonly bring forth the child in this poſition, without any remarkable difficulty, unleſs it be very large, or the orifice unuſually rigid; if ſo, the birth is extremely laborious, yet will be effected by the woman's endeavours. In ſome caſes I have brought down the feet; but in moſt caſes of this kind, which have occurred to me, the *nates* have been low in the *pelvis*, before I could be certain it was them; that I have thought it beſt to

let the birth go on its own way, till the legs were fairly out of the *os vaginæ*; by allowing it to proceed thus, I have never known any harm befal mother or child; nevertheleſs, I own I had ſtill a notion of paſſing up the hand to bring down the feet, provided the orifices were open enough to admit of it, and the *nates* diſtinguiſhed before they were deſcended low into the *pelvis*.

DR. JOHNSON tells us he had ſome talk with dr. HUNTER upon this ſubject; whoſe opinion it was, " that it is much ſafer, both for the mother and the child, to *let the child come double*, than to bring down the feet; all the diſadvantage accruing to the mother, from ſuch practice is, only a longer and harder labour; from which, however, ſhe will recover as well as if it had been more eaſy; and ſhe is ſecured againſt all the misfortunes that might happen from unnatural violence of introducing a hand, and bringing down the feet: an operation, which cannot always be done with perfect ſafety; with regard to the child, he think this the only method of ſa-

ving

ving it, in this as well as a natural ſituation, the getting the head of the child to paſs is the greateſt difficulty: the paſſage of the head, which comes into the world firſt, may ſafely be made the work of many hours; ſo, that the head gradually lengthens and grows ſmaller in the ſame proportion; but, in the other caſe, the head, the part of great difficulty, comes into the world laſt: and, when all but the head is born, the child is ſo circumſtanced, with reſpect to the navel ſtring, that if it remains any time in that poſition, it will be certainly loſt: upon this account, the operator is under a neceſſity of finiſhing that part of the delivery with ſome diſpatch: and, in order to facilitate this laſt part, it is better that all the parts ſhould have been previouſly well opened by natural pains". Thus far dr. HUNTER—and, with all due deference, I ſhall beg permiſſion to obſerve; if the *pelvis* be well formed, and the woman has had many children, it may be right to ſuffer the *fœtus* to gradually deſcend with the labour pains, in the

above-

above-mentioned direction; but, in case of floodings and convulsions, or a narrow *pelvis*, there appears no impropriety, if called in time, to raise the breech above the *symphysis* of the *pubes*, and expeditiously bring down the feet. A *prolapsus* of the *funis*, or the compression of it, either between the thighs of the child, or between that and any part of the *pelvis*, by which the life of the child is brought into immediate danger, by the impossibility of reducing the *chord* above the part which presents, will also ever be found an irresistible objection to the general rule, of considering the treatment of a breech presentation in the same light as a natural labour.

CASE

CASE XI.

A YOUNG married lady, in the fourth month of pregnancy with her firſt child, in the year 1763. complained of pain and heat in making water; thirſt, fever, and loſs of appetite; her complexion became pale and ſickly; ſhe had fœtid diſcharges from the *vagina*, which tinged her linen of a greeniſh hue; the *labia* were ſwelled, hard and inflamed; ſhe had excreſcences in the groin, and the *nymphæ* were much enlarged. The infection was too plain to be miſtaken; beſides, the frank confeſſion of her partner, left no room to doubt of the complaint, or ſuppoſe it to have ariſen from the *fluor albus*; to which it had, a few days before I ſaw her, been imputed by a neighbouring apothecary, to whom

whom ſhe had applied. A fortnight had elapſed ſince the virus was received; her habit of body was good; her mind, though uneaſy, not extraordinarily diſtreſſed; and her reſolution obligingly formed to obey my advice and directions. I proceeded to the cure, by taking nine ounces of blood from the arm, directing a ſlender regimen, and giving cooling aperients, to keep the body gently lax; at the ſame time adviſing the parts affected to be cleanſed with a ſpunge of warm milk and water, twice or thrice in a day; by which means, the heat and inflammation, in a few days, were much abated: and every third night, at bed time, the patient took a pill, containing three grains of calomel, two of ſcammony, two of camphire, and half a grain of opium, occaſionally, uſing aperients on the intermediate days. At the end of a month, the diſeaſe appeared ſo totally ſubdued, that ſhe had not one veſtige of it remaining; yet, as a neceſſary precaution, I thought it adviſeable to give her ſix ounces of the decoction of *ſarſaparilla*, to be taken twice

twice a day, for a month longer, when it was entirely left off; and ſhe went her full time, without any further complaint, had an eaſy natural labour, and brought forth a fine healthy child.

DR. GEORGE MACAULEY, in the 2d volume of medical obſervations and enquiries, has publiſhed the caſe of a pregnant woman, affected by the *lues venerea*, whom he relieved by virtue of a ſolution of the corroſive ſublimate; twenty grains had been diſſolved in a pint of FRENCH brandy; of which he gave her half a ſpoonful at firſt every night only, and afterwards every night, beſides uſing a lotion, diluted with four times its quantity of warm water, as a topical remedy for ſome venereal warts about the *anus* and *perinæum:* he adds, ſhe was taken in labour at the end of ſeven months of a very ſmall child, whoſe ſkin was clear and free from blemiſh: it was, he ſays, no unuſual thing to her to be thus prematurely delivered; as with her two former children ſhe had been brought to-bed

at leaſt ſix weeks ſooner than ſhe ſhould have been. The remains of the venereal *virus* broke out again, about ſix weeks after her delivery, and was entirely ſubdued by a continuance of the ſolution: he mentions another caſe, in which the patient was infected in the firſt month of her firſt pregnancy, and cured, he ſays, by the ſame medicine; but ſhe likewiſe, unfortunately, came about the end of the ſeventh month; the child was born alive, but looked diſeaſed, and died in an hour or two.—On the whole, the ſolution of corroſive ſublimate ſeems, in this caſe, to be a good palliative; and, from the above account, but little farther to be depended on.

CASE

CASE XII.

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

" 20 JANUARY, 1763.

" DEAR SIR,

" BEING juſt recovered from the " fatigue of one of the moſt melancholy caſes " that can happen in MIDWIFERY, I embrace the " firſt opportunity of giving you a circum- " ſtantial detail thereof, as follows:—The mo- " ther is of very ſmall ſtature, deformed, and " ſcarcely turned of ſeventeen years of age; ſhe

" laboured under ricketty diſorders in her in-
" fancy, and is of a very lax and tender habit
" of body, which has been increaſed during her
" pregnancy to a ſtate of weakneſs, through the
" extreme indigence of her circumſtances. About
" four months ſince ſhe informed me of her de-
" ſire that I ſhould attend her labour; which,
" from the deformity of her ſhape, debility of
" conſtitution, and depreſſion of ſpirits, I was
" induced to prognoſticate would not prove the
" moſt favourable, and therein was not decei-
" ved. On the 12th inſtant I received a meſ-
" ſage to attend her; and, upon examination,
" found the *os tincæ* very high up, inclining to
" the left ſide, ſhort, and a little moiſt, but its
" aperture entirely cloſed: upon which, after in-
" forming the attendants that her uneaſineſs did
" not proceed from labour, and giving her a
" paregoric I left her. On the 19th about ele-
" ven in the evening, I received a ſecond ap-
" plication, and coming to her found the *os tincæ*
" ſtill very high up, moſt to the left ſide, but a
" little open, and the *mucus* beginning to deſcend.

" I could

" I could juſt feel the membranes through the
" opening; the pains were weak, and returned
" at intervals of about an hour. As there was
" every probability of a lingering labour, and
" the patient was extremely depreſſed and reſt-
" leſs, I gave her an anodyne draught, and ad-
" viſed her to be undreſſed and put into bed,
" which was done; and ſoon after finding her
" aſleep, about nine in the evening I left her;
" I was not called again till twelve the next day,
" when I attended, and found the pains in-
" creaſed, the *os tincæ* opened to near the
" breadth of an half crown, and a formation of
" the waters, in a ſmall bag, protruding through
" it. I now patiently ſat down, and took every
" care to prevent her being too much fatigued.
" The pains were but ſlight, and recurred about
" every twenty minutes or half hour, at fartheſt,
" till near nine o'clock the following morning,
" when the membranes broke, the waters were
" evacuated, the pains grew ſtronger, and the
" head advanced full two thirds into the *pelvis*. I

" began

" began to imagine the event would be much hap-
" pier than I had before expected; but was alarmed
" to find the head uncommonly large, and make
" no advance, though the pains were ſtrong and
" forcible. Upon further examination, I diſcove-
" red the *vertebræ* of the *ſacrum* conſiderably jetting
" in, ſo that the diſtance between the *pubis* and
" *ſacrum* could not be more than three inches.
" There was a great laxity of the bones of the
" head, which preſented with the ear to the *os*
" *tincæ*. I concealed my ſurprize as much as
" poſſible; had it frequently in idea to endea-
" vour to turn the child, and deliver footling;
" but from the large ſize of the head, and the
" narrowneſs of the *pelvis*, was deterred from
" attempting it; and after waiting twenty hours
" from the rupture of the membranes, and the pa-
" tient becoming low, weak, and often fainting, and
" the women rather violent and clamorous, I ſig-
" nified, that they could but be ſenſible how much
" patience and tenderneſs I had uſed, and had left
" as much to nature as was ſafe; that the life
" of

" of the mother was now in the utmoſt danger,
" and that I muſt proceed in ſuch a manner as
" to ſave her life, if poſſible, as that of the
" child was of the leaſt conſequence; beſides,
" that I did apprehend the child was already
" dead: and was the more confirmed in that opi-
" nion, from the cold chills which ſeized the
" mother, the dark colour of the *liquor amnii*,
" and a putrid ſtench ariſing from the *uterus*.
" The attendants were ſatisfied with my deter-
" mination; and as the head was low enough
" down, and its ſituation aſcertained, I had the
" woman placed in a proper poſition, and with
" ſome difficulty after gaining admiſſion for
" one hand, introduced a blade of the forceps;
" but in vain were my efforts to get the other
" up on the oppoſite ſide; upon which, I with-
" drew that already fixed: and, as the patient
" grew weaker and weaker, and the women con-
" cluded her at the verge of death, turned all
" my thoughts to the crotchet, and was reſolved
" to make the laſt effort, by opening the head,
" and extracting with that inſtrument, which I di-

" rectly

" rectly ſat about, and cautiouſly introducing the
" long ſciſſars into the *vagina*, with their points
" carefully guarded, perforated the *cranium*,
" with a boring kind of motion, till they had
" paſſed up to the rings, which the ſciſſars
" were made with inſtead of reſts, to prevent
" any contuſion the ſoft parts of the woman
" might otherwiſe ſuffer, in time of uſing them;
" made a full opening in the *cranium*, and eva-
" cuated the brain with the blunt hook, with
" which I endeavoured to deliver the head; but
" finding it impracticable, and the dangerous
" ſtate of the woman admitting of no delay, I
" fixed both crotchets, and with much force and
" difficulty made the extraction of the head,
" with the face to the *pubis*. The inſtruments
" appeared to have been applied exactly behind each
" ear; the ſhoulders occaſioned me much obſtruc-
" tion, and were delivered with the blunt hook,
" alternately applied under each arm pit, and the
" body, with difficulty, followed. On examining
" the head, the opening with the ſciſſars appeared
" to have been made thro' the right *parietal* bone.

" The

" The patient, during the whole of this diſtreſ-
" ſing proceſs, remained in a fainting fit. The
" *placenta* was delivered ſoon after the child;
" when, it was a matter of doubt with every
" one in the room, whether the woman was dead
" or alive. She flooded, and the pulſe was not
" perceptible. I applied ligatures to the extre-
" mities, and dipping a ſpunge in red wine, in
" which alum was diſſolved, introduced my
" hand, and ſqueezed it out into the *vagina*;
" at the ſame time, external refrigerant applica-
" cations were not omitted, and, in a few mi-
" nutes, I had the ſatisfaction to ſee the poor
" wretch open her eyes; the pulſe returned, but
" was very weak; her lips looked leſs livid, and
" ſhe complained of pain, from the tightneſs of the
" ligatures round her arms and legs; I gently
" ſlackened them, and gave her ſome lavender
" drops upon ſugar; a fainting fit returning, the li-
" gatures were again tightened; the pulſe was again
" almoſt imperceptible; ſhe fell into a doze, and a
" warm perſpiration coming on, the pulſe became
" ſtronger, and the ligatures were taken off. I

" got down a little nouriſhment, and after waiting
" with her ſome time, gave her a cordial
" draught, with a few drops of *elixir paregori-*
" *cum*, and took my leave. Yeſterday morning
" I viſited her, and was pleaſed to find that ſhe
" had ſlept moſt part of the night, and the faint-
" ing fit and flooding had not returned. This
" morning I have ſeen her again, and, except
" ſlight pains which ſhe complains of high up
" in the belly, ſhe has no one ſymptom of dan-
" ger. There is rather too great a tenſion of
" the *abdomen*, for which I have ordered an
" emollient fomentation: ſhould theſe pains pro-
" ceed from any injury done the *uterus*, I fear
" her ſituation may be ſtill far from ſafe.

" I TAKE the liberty of earneſtly recommend-
" ing this caſe to your kind conſideration; and
" ſhall duly eſteem the favour of your an-
" ſwer.

" I am, &c."

" P. S. PRAY

" P.S. PRAY, what is your opinion of the " TIRE-A-TETE and NETT of MAURICEAU. — I " have lately got an ENGLISH tranſlation of DA- " VENTER'S MIDWIFERY. Your ſentiments on " which, will much oblige me."

THE ANSWER.

" DEAR SIR,

" I AM glad to find opportunities " offer in MIDWIFERY.—The manner of treating " the patient you mention, was undoubtedly " good; it was a long, diſagreeable, and tireſome " labour. The forceps not ſucceeding by gentle " means, you did right in opening the head, and " the circumſtances of the caſe juſtified the " operation; eſpecially, as you had evident ſigns

" of the child's death. It has been the opi-
" nion of many ENGLISH and FRENCH authors,
" that there frequently have been laborious la-
" bours, when the *vertex* has firſt offered; but in
" all the difficult ones I have attended, where
" the head has preſented, the ear was the
" part next the *os tincæ*. It is very ſeldom a
" labour can require the uſe of inſtruments, and
" they ought never to be haſtily uſed. Some
" *os tincæs* will take much longer time for dila-
" tation than others. Patience is a venerable
" maxim, particularly in the profeſſion of MID-
" WIFERY. LA MOTTE had this virtue in great
" perfection, and was commendable for ſubmit-
" ting ſo much to providence, and the deciſion
" of nature; who, when ſhe finds a difficulty
" attending the excluſion of the *fœtus*, will ſome-
" times take two, three, four, or even five or ſix
" days, to prepare the paſſage, by lubricating it
" with a mucus; (a wiſe proviſion, without
" which, more births would be laborious than
" there are) and then will make her laſt
" effort with the utmoſt force; which is gene-
" rally

" rally very deciſive, unleſs the child ſhould be
" too large, preternaturally ſituated, or the *pelvis*
" too narrow. The former practice of turn-
" ing the child, and bringing it away by the
" feet, when the head has been confined in the
" *vagina*, is now diſcarded, and the forceps,
" which is always preferable to the fillet, ſubſti-
" tuted in its ſtead. The crotchet ſhould ever
" be uſed with the greateſt caution. You was
" acquainted with the width of the *pelvis*, other-
" wiſe your operation might not have turned
" out ſo favorable. A great care ſhould be
" taken in the delivery, that the *uterus* is not
" torn; ſhould that be the caſe, it is not one
" time in an hundred that the woman ſurvives.
" They formerly uſed the ſtrait crotchet; but the
" curved one is the moſt uſeful, being in-
" troduced under the direction of the hand, and
" fixt behind the ear; one crotchet, in general,
" will do with the hand paſſed up the oppoſite
" ſide to aſſiſt it, when the pulling force is made.
" Should this not ſucceed, two crotchets muſt
" be uſed. The NETT and TIRE-A-TETE of

" MAURICEAU, are but of little uſe; although " he affirms his TIRE-A-TETE to be incompara- " bly better than the crotchet. — DAVENTER's " book is authentic, and may be depended on.— " I dare ſay your patient will do well.—Go on " and proſper; and believe me, with all poſſible " reſpect, to be, &c."

DIONIS treats of laborious and difficult labours, book iii. chap. 9.—MAURICEAU, p. 193. and DAVENTER, chap. 27.—GIFFARD, caſe 141. ſpeaks of a delivery, where the head preſented, and ſtuck in the paſſage, from the bending in of the *os ſacrum:* caſe 182. he gives another inſtance, where the head being too large, ſtuck in the paſſage: and caſe 193. another, where the ſide of the head preſenting firſt, the face of the child being turned towards the mother's right *os ilium*, was in a like predicament: his caſes 195. & 196. deſcribe two deliveries, where the children preſented with the head foremoſt, which alſo ſtuck in the paſſage: and caſes 198, 199, 200, & 201,

& 201, contain ſimilar inſtances: in all which, as well as in many others, he ſucceeded by the uſe of his EXTRACTOR; a print, and explanation of that inſtrument, as improved by the late mr. FREKE, ſurgeon to ST. BARTHOLOMEW'S HOSPITAL, is prefixed to his CASES in MIDWIFERY; reviſed and publiſhed in 1734. by EDWARD HODY, M. D. & F. R. S.

SEE a particular obſervation of LA MOTTE'S, p. 220: and ASTRUC, p. 98. very judiciouſly expatiates on the difficulties which proceed from the bad conformation of the bones of the *pelvis*.

DR. PUGH in his treatiſe of MIDWIFERY, ſpeaks in an experienced manner of the extraordinary ſize of the head; the narrow or bad form of the bones of the *pelvis*, of the head being fixed in the paſſage, and the inſtrumental delivery thereof.

DR. SMELLIE, vol. iii. gives a laborious birth, occaſioned by the large ſize of the child, and the ſmallneſs of the *pelvis*, in which he deli-

vered with the blunt hook: in a ſecond laborious caſe; the head being low, he attempted firſt to turn, and tried the fillet, but was obliged to deliver with the crotchet, the child being dead, and the *abdomen* ſwelled: he relates a third laborious caſe; where the head of the child was high in a narrow *pelvis*, and delivered with the hand and blunt hook or crotchet: a fourth laborious caſe, in a very narrow and diſtorted *pelvis*; in which the child was delivered with the curved crotchet with its ſheath, to guard the point: a fifth, where the *pelvis* was narrow, and the child large, and delivered with two crotchets; a ſixth, where the *pelvis* was narrow, the head large, and delivered with the crotchet: a ſeventh, where the delivery was effected by the crotchet; an eighth, in which the head of the *fœtus* was high in the *pelvis*, and prematurely delivered with the crotchet: a ninth and tenth, two caſes, wherein the crotchet was employed: an eleventh, where the head was prematurely opened by a practitioner: a twelfth, in which he was obliged to deliver with the aſſiſtance of the ſharp and blunt crotchets:

crotchets: a thirteenth, where the arm and head of the *fœtus* preſented; the laſt opened, and delivered with the forceps: a fourteenth, in which the delivery was aſſiſted by the crotchets, after the forceps had been tried in vain: a fifteenth, where the delivery was effected by the crotchets: a ſixteenth, where the patient was delivered by the crotchet: a ſeventeenth, in which the child was extracted piece-meal, with the ſciſſars and blunt hooks: and an eighteenth, where the head was delivered with the crotchet:—dr. JOHNSON ſays, he ſaw a *pelvis*, of ſo ſmall a ſize, though very well ſhaped; as to meaſure, only four inches between the *ilia*, and ſcarcely two and a half from the angle of the *ſacrum* to the *ſymphiſis* of the *pubes*: a mature child (after an experienced and very ingenious operator had uſed his utmoſt endeavours to ſave it as well as the mother) was obliged to be extracted through this *pelvis* by the crotchet: he alſo deſcribes a *pelvis* in dr. HUNTER's muſeum, of a moſt particular conſtruction and diſtortion: and another in the ſame reſpectable collection, extremely deformed,

formed, and ſo very ſmall, that the wideſt part of the brim is not above an inch; he avers, the whole ſtructure of it to be apparently oppoſite to the means of procreation: and likewiſe relates the caſe of a poor woman, to whom dr. KELLY was called by mr. FORD, a ſurgeon, in LONG LANE, SOUTHWARK; the *pelvis*, from the projection of the *ſacrum*, to the *ſymphiſis* of the *pubes*, could not, he ſays, be more than the diſtance of two inches; it was thought adviſeable to make a free opening in the *cranium*, evacuate its contents, and then leave it to collapſe and ſettle into the *pelvis* gradually, which was done, and the next day, the head was found ſo far advanced, as to be brought forth in a little time, with the help of the blunt hook; which was alſo employed for the delivery of the ſhoulders. — I have to obſerve, that the method uſed with this woman, might be taken, with ſome degree of ſafety, and the delivery thus treated, rendered more eaſy by the gradual deſcenſion of the head into the *pelvis*; eſpecially, as the patient was in no immediate danger;

but

but in the caſe, which occurred to me as above, no advantage whatever could have been expected, from waiting any length of time, after the evacuation of the *cranium:* on the contrary, in the weak and dangerous ſtate, to which my patient was reduced, ſuch ſuſpenſion muſt have proved fatal. —The narrowneſs or diſtortion of the *pelvis*, is univerſally allowed to cauſe the moſt difficult and dangerous parturition; for when the brim of the *pelvis*, which ſhould meaſure five inches and a half from ſide to ſide, and about four and a quarter from *ſacrum* to *pubis*; in its ſtead, we unhappily meet with a diſtance of, perhaps, only one inch and a half, two inches, or at moſt, not more than three from ſide to ſide; and the narrowneſs is confined to the brim, or the *pelvis*, in this part, be well proportioned, and the *lumbar vertebræ* project over the *ſacrum*, as in the caſe contained in my laſt letter, and the child be too bulky to paſs—deſtructive inſtruments, to diminiſh the ſize of the head, muſt be uſed; a diſagreeable neceſſity, wherein the length of time, between the evacuation of the *cranium* and its

total

total extraction, can only be determined by the ſtate of the patient: intenſely affecting, as ſuch operations muſt ever prove—how comparatively leſs horrid and dangerous do they appear, than the *cæſarian ſection*, or the *new operation* of cutting the *ſymphiſis* of the *pubis*, at which I ſhudder; and mean neither to offend or cenſure the ingenious advocates for this moſt extraordinary operation, when I take the liberty to declare, that I can never think favorably of it: and much to be revered, as all diſcoveries, for preſerving the lives of our fellow creatures are; this appears to be one of thoſe, whoſe ſafety and general utility, I am of opinion, will not ſoon eſtabliſh and confirm its practice.

CASE

CASE XIII.

THE ninth of MAY, 1763. I was called to aſſiſt a patient, whoſe labour had continued three ſucceſſive days and nights; ſhe had been attended by a woman midwife, who had frequently promiſed an immediate delivery, but without effect: ſhe appeared anxious and much depreſſed, and the women worn out with the fatigue of long attendance: after waiting about twenty minutes, and taking the advantage of a ſlight pain, I examined her, and found the *os tincæ* high up againſt the *ſacrum*, almoſt out of reach, rigid, and but little dilated. The woman had a very pendulous belly, was of a large make, corpulent, and had borne ſeveral children; with every one of whom I was informed, ſhe had ſuffered a long and tedious labour. After aſſu-

ring

ring the attendants that much time would be ſtill required, before there could be any poſſibility of delivering her, I got the patient to bed, gave her an opiate, and diſmiſſed them; then deſired the midwife not to leave her, but to ſtay and ſend for me again as ſoon as the pains became more regular and powerful, and returned home. About ſix in the evening of the next day, I obeyed a ſecond meſſage. The pains were now very ſtrong, the membranes had broke, and the *vertex* was below the brim of the *pelvis*; but the *os tincæ*, though much dilated, was ſtill too much inclined to the *ſacrum*. I placed the patient on her ſide, with her head low, and her breech and legs raiſed up; and in this manner delivered her in leſs than an hour by the natural efforts—by pulling gently at the *funis*, in time of pain, it ſeparated from the *placenta*, and came away; but as no uterine *hæmorrhage* enſued, I did not, for the preſent, think it adviſeable to paſs up my hand for its extraction; after waiting, however in vain, for more than two hours, with a view to know the cauſe of its retention, I introduced it gently into the *vagina*;

but

but finding the contraction of the womb ſo great, as not to admit of my two fore fingers, deferred all further attempts; and thought it the moſt rational practice to truſt to nature's expulſion of the *placenta*; which happened in leſs than twelve hours after the birth of the child.

MANY diſorders are mentioned by medical authors, as ariſing from the retention of the *placenta*; but I hope to be juſtified in the practice of leaving it to the expulſion of nature; eſpecially where there is a ſudden and ſtrong conſtriction of the *uterus*, and no *hæmorrhage* enſues, rather than run the riſk of a forcible extraction, from which, much miſchief may be dreaded. There can be no doubt, but the ill ſituation of the womb occaſioned the great delay of labour in this caſe, ſomething ſimilar to which are CHAPMAN'S 5th. and 6th. caſes — DAVENTER is the firſt author we meet with, who treats of the womb of women with child, or in child-

child-bed, being obliquely and ill ſituated. Vide his book, chap. 11.

ASTRUC, p. 13. has likewiſe expatiated largely on this ſituation of the womb: and dr. BURTON, p. 172. and obſ. 18. has done the ſame.—The *oblique* poſition of the *uterus*, a topic ſo ſtrenuouſly ſupported by many other authors, unleſs occaſioned by the *pendulous* belly; its general cauſe, or particular ill conformation of the *pelvis*, ſeems to me, to be merely hypotheſis and conjecture, and cannot, I believe, in any other caſes, be fairly ſaid to impede the courſe of labour.

DR. BURTON, p. 55. ſhews, by a very curious experiment, how ſoon the womb will contract again; and declares, the contraction of it in ſome women, to be ſo ſudden and ſo ſtrong, as ſcarce to be credited, but by ſuch as have experienced it: page 132. he relates a caſe, where the *funis* had been broke by the midwife, in attempting to deliver the *placenta*, which was retained by the great contraction of the *uterus*, which

which gave him greater trouble to deliver, than any one he had ever before met with: ſee alſo obſ. 32. of the ſame author.

THE ſudden and ſtrong contraction of the womb is produced from the following authority: GIFFARD, in caſes 107. & 127. ſays, "that being called in an hour after delivery, he found the *os uteri* ſo contracted, that he could not readily introduce two fingers, and, that it was with difficulty he introduced his hand: caſe 134. he declares the *os uteri* was ſo contracted in half an hour, that it was with difficulty he introduced his hand into the womb: caſe 74. he ſays he was called in ten hours after the birth of the firſt, and two hours after that of the ſecond of twins; and, yet the *os uteri* was ſo contracted, that he was obliged to dilate it gradually; caſe 92. he avers, that in a few hours after the delivery, he could ſcarce introduce his hand into the *uterus*; and, when introduced, the womb was ſo contracted, that he could not readily move his hand.

MAURICEAU, obſ. 504. ſays, in three hours after delivery, he has found the *os uteri* ſo contracted, that he could not introduce his hand into the womb: and obſ. 336. he alſo mentions a perſon who miſcarried in the ſixth month of her pregnancy; where part of the after birth was left in the womb, and before he got to her, the *os uteri* was ſo contracted, that he could not introduce his hand into the womb.

LA MOITE, obſ. 358. & 362. alſo tells us, that in ten or twelve hours after the birth of the child, he has found the *os uteri* ſo contracted, that it was with difficulty he could introduce his hand, being obliged to dilate it gradually: and further, obſ. 359. & 363. declares, that in fifteen or ſixteen hours he has found the *os uteri* ſo contracted, that he was forced to dilate it by degrees; and mentions one caſe, where two other ſurgeons had been trying to extract the *placenta*, and yet he could only introduce four fingers into the womb—perhaps, a more remarkable caſe, than the following, in regard to the particular *contraction* of the *uterus*, has ſeldom occurred to any one practitioner whatever.

CASE

CASE XIV.

MRS. L. was delivered of her firſt child, MARCH the 2d, 1762; a midwife was with her, who broke the *funis* in attempting to deliver the *placenta:* I was immediately ſent for, but found it impracticable to paſs my hand into the *uterus*; the *placenta* therefore remained, and was not delivered till the third day after the child.

TO her ſecond labour, which happened the 2d of FEBRUARY, 1764. my aſſiſtance was beſpoke; ſhe had a very quick time; but the *placenta*, notwithſtanding ſhe had very ſtrong after-pains, was not to be moved by pulling at the *funis*, and remained till the ſecond day at night, when it came away with a little pain, as ſhe was making water.

IN her third labour, on the 4th of JULY, 1766. I again attended her, when ſhe had nearly as good a time as before: and ſoon after the delivery of the child I had the curioſity to examine the *os uteri*, which I found ſo much contracted, as not to admit my two fingers: the *placenta* was therefore again left, and came away not till the afternoon of the third day.

THE fourth time of her being in labour, was on the 17th of AUGUST, 1769; when being at a great diſtance from home, a midwife was called in, and ſhe had a fine natural delivery of the child; but as the *placenta* gave the midwife much trouble, and ſhe declared ſhe could not gain it, an accoucheur, of much ſkill and practice, was ſent for, who ſtrove in vain to introduce his hand into the *uterus*; but found it ſo much contracted, that his trials were in vain, and the *placenta* remained till the third day, when it came away as the woman was at ſtool.

OF her fifth child, the 28th of DECEMBER, 1769. I attended her; ſhe had a very eaſy labour, but the *placenta* was retained as uſual, and not delivered till the fourth day:

AND in her ſixth labour I was with her, when the child was ſoon delivered, but the after-birth remained undelivered till the third day, when it was expelled by a ſtrong pain; this was on the 31ſt of MAY, 1773. ſince which time ſhe has not been again pregnant.

DR. EXTON, caſe 15. gives a remarkable account of a delivery: where, immediately, after the birth of the child, the mouth of the womb was ſo ſtrongly contracted, that he could, by no means, introduce even a finger into it; and believes that it would ſooner have broke than yielded to his fingers: deſcribes it by the feel, to be like a purſe ſtrongly drawn up; and declares, he has met with this ſpaſmodic contraction of the *os uteri*, four or five times in his practice.—Practice and obſervation muſt ever clearly

evince the danger of employing force in extracting the *placenta* (without led thereto by the flooding of the patient.) Bad conſequences, moſt undoubtedly, very often follow from the retention of the *placenta*; but the ſlow and ſpontaneous expulſion of nature, I candidly ſubmit to the notice of every ingenious practitioner, as being ever more ſafe in its conſequences, than the haſty or forcible extraction of it; which I have known, more than once, attended with many diſadvantages, and even to have proved fatal.

CASE

CASE XV.

THE wife of a labouring man, in this neighbourhood, was delivered on the 14th of MAY, 1764. of a child, by a midwife; who, after waiting twelve hours, and finding it impoſſible to deliver the *placenta*, ſent for me; ſhe had made the woman very hot and feveriſh, by uſing too much force to dilate the *os uteri*; which, upon examination, I found ſo much contracted, that it were injurious to attempt the dilatation of it: I therefore contented myſelf, by enjoining reſt and giving her, every four hours, three ſpoonfuls of a *neutral mixture*, and left her till the next day; in the evening of which, I was informed, that the *placenta* had been ſpontaneouſly expelled by a pain, as the patient turned round in her bed—no ill conſequences enſued from its retention, and the wo-

man ſoon recovered. I attended the ſame woman in the beginning of the year 1771. when, from ſome miſmanagement of the labour, uncommon debility had been brought on, her ſpirits were flagged, and ſhe was much reduced; but as the preſentation was fair and natural, I contented myſelf with ſupporting her patience, by ſoothing perſuaſions and proper medicine, not doubting, but we ſhould find, in the end, an eaſy and happy determination; and herein I was not diſappointed, for by theſe means ſhe acquired a competent reſolution: and the labour, after many days and nights, having been ſlow and tedious, ended in the moſt natural and favorable iſſue, and no difficulty whatever attended the expulſion of the *placenta*.

CASE

CASE XVI.

ON JULY 23, 1780. I was informed of a poor woman, who was in labour, and could get no aſſiſtance to deliver her; upon which, I made what haſte I could to her, and found her in great extremity; the pains were very ſtrong, and I had not been with her more than twenty minutes before ſhe was delivered of the child; but after waiting near an hour, and not finding the *placenta* in the leaſt deſcend, I began to conclude that it adhered to the *uterus*; but the woman informing me ſhe had had ſix children, and that the after birth had never moved, till two days after: I immediately, by the direction of the *funis*, examined the ſtate of the *os internum*, which was ſo much contracted, as ſcarcely to admit the point of my finger; I

therefore

therefore left the *placenta*, which ſeparated, and was diſcharged of itſelf on the ſecond day from the delivery, without any ill effects whatſoever.

DR. OULD endeavours to ſhew, that the *os uteri* is not capable of ſo ſpeedy a contraction, as it is generally imagined; but the foregoing caſes are ſtubborn facts to the contrary; and, that it will ſometimes ſurprizingly contract immediately after the expulſion of the *fœtus*, is incontrovertible.

DR. JOHNSON, p. 206. ſpeaks of an extraordinary contraction of the *uterus*, in half an hour after the birth; he ſays it formed into ſo ſmall a ring, that at firſt he could paſs but two fingers: and, although he endeavoured to dilate it gradually, in order to inſinuate the others, one by one; yet the ſtricture was ſo firm, as to occaſion difficulty in paſſing the hand: however, by perſiſting, he gained admiſſion with ſafety, and found the *placenta*, with ſome of the *chorion*, round its edges, adhering to the *fundus uteri*;

uteri; he ſeparated the adheſion gradually, and brought away the ſecundines.

IN ſuch caſes, forcible dilatation, I preſume, can only be juſtified by preſent exigencies; and, as in this inſtance, no very preſſing occaſion appeared for introducing the hand, it were more rational, I ſhould think, to have truſted to nature.

IN ſome future caſes, (as well as the foregoing relative to the *placenta*) which makes a part of this publication, occaſion will ſhew, that the immediate delivery of the *placenta*, is not, in general, of that importance, which many ingenious and experienced writers have taken upon themſelves to avow, that nature, in the human, as well as the brute ſpecies, where no force is ever thought of, is equally kind and effectual, and, that where the ſeparation within a given time, is not effected, but little is to be dreaded; and, likewiſe that much leſs danger in general attends the leaving of it, than in forcible attempts to relieve it by the hand; notwithſtanding all this, I do

not

not take upon me to deny the ſatisfaction reſulting from an eaſy and timely ſeparation of the *placenta*; which is ever to be preferred, provided it be natural, and no violence uſed in making the extraction; which, I think, we may ever confine as a matter of neceſſity to floodings only.

CASE

CASE XVII.

I WAS called to a patient about ſix o'clock in the morning of the 26th of FEBRUARY, 1763. She was of a *leuco phlegmatic* habit; had a ſmall *pelvis*, and always been ſubject to laborious times, occaſioned by dropſical children; with one of which ſhe had been delivered with the crotchet by a man-midwife, her other two children were *hydrocephalous* when born, and died ſoon afterwards; ſuch was the general hiſtory of the patient, which gave me little room to expect a more favourable event than uſual: a midwife had been ſome hours in waiting, who thought her in labour; but as the *os tincæ* was cloſe ſhut, and her pains being without intermiſſion, and chiefly confined to the *abdomen*: I pronounced

pronounced them to be of the cholic kind, gave her a rhubarb draught, with a few drops of *tinct. thebaica*, which ſoon procured her eaſe, and I was not applied to again till about four in the morning of the 18th of MARCH. The pains were now genuine, returned at regular periods, and the *os tincæ* began to dilate; the labour was ſlow in its progreſs till twelve o'clock at night, when the membranes broke, and the pains returned faſter, and were more forcing; yet, the child's head continued high up at the brim of the *pelvis*, and felt ſofter than it uſually does; but by the long continued force of the pains it deſcended lower down, ſo that I could diſcover the bones at a great diſtance from each other, and feeling looſe and yielding to the touch, with an uncommon width of the *fontanel*, ſo that there was no doubt of the diſorder; however, being willing to try the pains, I waited three hours longer; when they ſuddenly became more feeble, and the woman being ſeized with a *ſyncope*, I thought it adviſeable that the delivery ſhould be attempted. Turning the child appeared too dangerous and diffi-

cult

cult, and the uſe of the forceps, conſidering the ſmallneſs of the *pelvis*, and the diſorder, as well as diſtant ſituation of the head, I thought it moſt prudent to decline, leſt I ſhould loſe time, by being foiled in my operation; beſides, from the fetid ſmell of the *liquor amnii*, there was great reaſon to think the child was dead; the patient being therefore placed in a proper poſition, I cautiouſly introduced the long ſciſſars, within ſide my hand, up the *vagina*, and perforated the *cranium*; from whence (with part of the *cerebrum)* iſſued, a great quantity of turbid water, which ſmelt very offenſive. I ſoon after paſs'd up my hand, and fixing my fingers in the opening, with ſome difficulty brought down the head, and effected the delivery of the child, which appeared to have been ſome time dead. I have once ſince attended the ſame woman in a lingering labour, where the child was very ſmall, and born alive, by the natural efforts; but had an *hydrocephalous* diſorder, and lived only a few days: and the woman herſelf, in leſs than a year afterwards, died of the dropſy.

MAURI-

MAURICEAU, ſpeaking of the method to deliver a woman, when the child in the womb has a dropſical head, adviſes the making of an aperture in the *cranium*, to evacuate its contents, altho' the child be living. But as this practice muſt ever inevitably deſtroy the child, the judicious practitioner, I preſume, will not do it until, upon mature deliberation, the child's deſtruction ſhall appear abſolutely unavoidable, to ſave its mother; on the other hand, it may indeed be urged, that the *hydrocephalous* child ſeldom long ſurvives; or, if it does, that it lives the object of pity and diſtreſs; and many melancholy caſes of the *hydrocephalus* might be enumerated, upon the authority of ſeveral eminent ſurgeons; in whoſe deſcriptions, we ſhall find poor emaciated, lethargic children, the greateſt part of whoſe heads are as ſoft as a quagmire, and ſo conſiderably diſtended and enlarged with water, as to require a pillow, or ſome other ſupport, and whoſe lives, in general, are but of a ſhort date; but even this being granted, I yet can ſee no juſt cauſe to deſtroy the *fœtus in utero*, at leaſt, whilſt

whilſt there remains any reaſonable proſpect of its birth by the efforts of nature.

LA MOTTE obſerves, "it is not often that children are dropſical in the *uterus*; but when they are, that they create a great deal of trouble to the ſurgeon, but prefers the hands to all the inſtruments that have been contrived to facilitate theſe ſort of deliveries": and obſ. 331, 332, 333, and 334. contain caſes in ſupport of his opinion; which, however, muſt chiefly depend upon circumſtances, and cannot always be effected by the hands alone: although our author was ſo particularly fortunate as to ſucceed in all the dropſical children he met with, without any other help. It is therefore reaſonable to ſuppoſe, that thoſe children, in whoſe caſes he was engaged, were not conſiderably diſordered: where they are, as in the inſtance I have above recited, extraordinary means muſt be uſed for the preſervation of the woman; and inſtruments will, in ſuch caſes, be found unavoidably requiſite.

ASTRUC, when all other resources have proved ineffectual, and the child is *hydrocephalous*, advises the evacuation of the water by the introduction of a *trocar* into the *fontanel*, and to leave the *canula* in the wound; by this means, he is of opinion, the head will flatten, and pass easily. Vide SMELLIE, vol. i. p. 296. no. 1, 2, 3, & 4. vol. ii. p. 356. and a somewhat similar case to the above, will be found in the same author, vol. iii. coll. 31. case i. where, a head, that was dropsical, was opened with the sciſſars, and afterwards delivered by the labour pains, with the assistance of the hand: case ii. exhibits a second dropsical head, which was opened with the sciſſars, and delivered with the assistance of the blunt hook: case xxi. in the same collection of this author, presents an instance of a dropsical head opened, and delivered with the assistance of the hand: and in coll. 35. case xx. we meet with a flooding before delivery; the child was turned, and brought away by the feet, and the head obstructed by the *hydrocephalus*, which made it necessary to employ the crotchet for its delivery. Vide a case of

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hydrocephalus, by dr. ROBERT BUTLER REMMETT, of PLYMOUTH, medd. comm. p. 423: and another curious caſe of this ſort in the Medical Obſervations and Inquiries. vol. 5, p. 121.

IN the month of SEPTEMBER, 1777. a woman in the vicinage of HADLOW, who for ſome time paſt had contracted a habit of drinking, after a lingering labour of many nights and days, was delivered of a child afflicted with an *hydrocephalus*; of which diſorder, it languiſhed till the ſixth day, and then died. — About ſix months ago, the ſame patient, in the eighth month of her pregnancy, was thrown into a flooding by a ſudden fright; ſhe miſcarried, the child was ſtill-born, and the bones of its *cranium* appeared to be ſeparated at a great diſtance from each other, by the great quantity of water contained in the *pericranium*.—It may be remarked as a good and uſeful caution, that this perſon, previous to the births of her two laſt children, was eſteemed a very ſober woman, and had born three remarkably fine and healthy children.

CASE XVIII.

EARLY in the morning of the 31ſt of AUGUST, 1764. I was called to a lady about thirty three years of age, who was in the fifth month of pregnancy with her fourth child. As ſhe was haſtily ſtepping over a ſtile, ſhe was taken with a violent diſcharge of blood from the *uterus*; I immediately bled her from the arm, according to her ſtrength, and gave her an aſtringent medicine, mixed with an opiate; cold ſtyptic applications were alſo ordered to the *abdomen*; and I adviſed that ſhe might be kept cool and ſtill, and upon no account get out of bed, till I ſhould ſee her again: ſhe complained of pain in her back and belly, but not of any bearing down;

down; as ſhe had been coſtive for ſome days before, that ſhe might not ſtrain to expel the *fæces*, and by that means increaſe the flux, an emollient clyſter was prepared and injected, and the next day I had the ſatisfaction to find her free from pain and *hæmorrhage*, except a ſmall diſcharge of ſerous blood, which faintly tinged the linen; I ordered her a mixture of tincture of red roſes, acidulated with the *ſpirit of vitriol*, deſired ſhe would abſtain from meat and drink of every kind, which might accelerate the circulation of the blood, and that her diet ſhould chiefly conſiſt of panada, weak broth, or rice gruel, and between whiles allowed her a little red wine and water, in which hot iron had been extinguiſhed; theſe directions being punctually attended to, the *hæmorrhage*, in ſeven days, was ſo entirely reſtrained, and ſhe had recovered ſo much of her ſtrength and ſpirits, as to walk up and down ſtairs: however, to guard againſt a return of the *uterine flux*, ſhe lived ſparingly, took her aſtringent mixture twice a day, and would, moſt probably, have com-

pleted her reckoning, had not the news of a fire in the neighbourhood, which happened in the night of the 14th of SEPTEMBER, been ſuddenly brought her, at which ſhe fainted away, and the flooding returned with greater violence than ever; I was immediately called, and upon examination, found the *os tincæ* very high up, rigid, and ſo little dilated, as ſcarcely to admit the tip of my finger; the *hæmorrhage* was very great, and ſhe no ſooner came out of one fainting fit, but ſhe went into another. I introduced a ſponge, dipped in a ſolution of alum into the *vagina*, and by every means in my power endeavoured to reſtrain the flux; but all to no purpoſe, for it was ſo violent that ſhe ſunk away, and expired within an hour after I came to her; a melancholy inſtance! which ſerves to evince the expediency of keeping the mind free from any violent agitation, which in all ſtages of pregnancy is highly dangerous, and will often prove fatal; and more particularly, in ſo critical a ſituation, as the above; where the frame is already debilitated, and rendered

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lax, by a previous effuſion of blood from the *uterus*. Vide MAURICEAU, obſ. 578. LA MOTTE, obſ. 209, 210. & 212. and GIFFARD, obſ. 109.

CHAPMAN, caſe xxxii. relates the misfortune of a lady, who died of a flooding, undelivered, before he arrived.

DR. SMELLIE ſays, he was called to a woman, who was ſeized with a pretty conſiderable *hæmorrhage*, and miſcarried in the fifth month; the *funis* and membranes were expelled, but the *placenta* remained; and, though the diſcharge abated, a draining of blood continued to weaken her for the ſpace of three months after her abortion: he tried to dilate the *os internum*, but without ſucceſs; was equally unſucceſsful in introducing a long narrow-pointed *forceps*: and finally, had recourſe to the blunt hooks, with which he brought it away, in three ſeparate pieces, the draining was ſtopt, the woman recovered, and afterwards bore children. After all, an event thus fatal, ſo early as the fifth month, muſt be ever conſidered as an unuſual and truly deplorable circumſtance. A moſt

extraordinary flux of blood fell under the obſervation of the late dr. COLE, who ſome years ago practiſed MIDWIFERY in LONDON with great reputation. — Dr. LEAKE obſerves, that on opening the body, the whole ſurface of the *placenta* was found adhering to the *uterus*, but a great part of the *falſe chorion*, inveſting the membraneous bag which contains the child was ſeparated from it; and conſequently, an infinite number of thoſe veſſels, with which it is ſupplied from the *uterus* being torn aſunder, the effuſion of blood was ſo great as to prove mortal.

CASE

CASE XIX.

THE 13th. of OCTOBER, 1764. I was ſent for to a woman, about four months gone with child; ſeven days after the eruption of the ſmall pox, ſhe was ſuddenly alarmed with a flux of blood from the *uterus*, unattended at that time with any pains—I found the aperture of the *os tincæ* a little dilated, and the woman appearing much terrified, endeavoured to comfort her, with the aſſurances of her doing well, notwithſtanding the ſmall pox, as ſhe was no further advanced in her pregnancy, and it was of the regular kind. I deſired ſhe might be kept cool, and ſent her an aſtringent mixture, with an opiate. The *hæmorrhage* abated, and ſhe paſſed the night with tolerable eaſe; but at eight o'clock in the morning, upon her moving to uſe the pot, it returned moſt

moſt violently, attended with frequent and ſtrong pains: I was immediately requeſted to attend, which I did; when finding the flux alarming, and the woman faint, I examined the *os tincæ*, which was enough dilated to admit three fingers, with which I ruptured the membranes, and directly after carefully paſſing my whole hand in a conical form, eaſily brought away the *fœtus*, on whom was to be ſeen not the leaſt mark of the ſmall pox. The *hæmorrhage* ſtill continuing, and the woman fainting away, I thought it moſt conſiſtent with the ſafety of the mother, to introduce my hand a ſecond time, and deliver the ſecundines; which having effected, the flux ſtopped, the woman recovered, and has ſince had many children. Vide dr. SMELLIE, 2d. vol. no. 2. caſe vi.

IN the GERMAN Ephemerides, *anni primi*, l. iii. p. 139. there is an account of a woman, who had the ſmall pox before ſhe was delivered, and the child was marked with the ſame diſeaſe.

IN the Philoſophical Tranſactions, no. 493. p. 233. is the caſe of a lady, who was delivered of a child, on whom the ſmall pox appeared in a day or two after its birth, drawn up by CROMWELL MORTIMER, M. D.

IN the ſame Tranſaction, no. 493. p. 235. are ſome accounts of the *fœtus in utero* being differently affected by the ſmall pox, by WILLIAM WATSON, F. R. S. and alſo, at no. 337. p. 165. Vide LA MOTTE, obſ. 129. and dr. SMELLIE, no. 2. caſe vi. Dr. LEAKE ſays, that he never yet ſaw an inſtance, where the infants where born with the eruptions; neither does it uſually appear immediately afterwards, though many of them die in a week or ten days:—he further remarks, that as the ſmall pox generally brings an abortion, it is to be obſerved, that the children come before their due time; and therefore go off, before the infection has had ſufficient time to produce the diſeaſe; and as their bulk is proportioned to their age, it may be one reaſon, why the delivery, in ſuch caſes, is more eaſy and expeditious;

peditious; and adds, that notwithſtanding what has already been ſaid, examples may be found as above; and in BARTHOLIN's medical epiſtles, &c. where the body of the new-born infant has been found overſpread with the variolous puſtules; which, conſidering the intercourſe between the mother and it, during the uterine geſtation, is not to be wondered at.—A very curious and uncommon caſe is related by VAN SWIETEN, as it happened under the obſervation of dr. WATSON, in LONDON, viz. a woman, who had been for ſome time pregnant, and who long before had the ſmall pox, was very aſſiduous in attending her ſervant maid, who then laboured under that diſeaſe; in due time ſhe was happily delivered, and brought forth a healthy female child, where evident marks of its having had the eruption appeared on the ſkin; when this child's brother was inoculated four years after, dr. WATSON had leave from the parents to inoculate her likewiſe; but the operation was attended with very different effects in thoſe different ſubjects, for the eruptions appeared in the boy, who ſoon happily reco-

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vered from the diſeaſe; but the girl, after drooping for two days, became very well again, and remained totally free from it.

A CASE ſomething ſimilar to this is alſo mentioned by dr. MEAD in treating of the ſmall pox. He ſuppoſes, that where the child is born before the perfect maturation of the puſtules in the mother, it will then more probably eſcape the diſeaſe; and alſo, that the danger ariſing to women at this time who ſuffer abortion, will be in proportion to the loſs of blood after the ſeparation of the *placenta* from the *uterus*; but there does not ſeem ſufficient reaſon to adopt this laſt opinion; —for what he himſelf afterwards aſſerts does not ſeem to correſpond with it, viz. that the ſmall pox has generally been found the moſt mild when it ſucceeds ſome conſiderable evacuation, whether natural or artificial.

VAN SWIETEN informs us, that the celebrated BOERHAAVE attended a lady in the 6th month of her pregnancy, who laboured under the worſt kind

kind of the *confluent ſmall pox*; notwithſtanding which, ſhe proceeded to the full period of her time, and was then delivered of a healthy male child, which had not the leaſt veſtige of the diſeaſe — from the above extraordinary circumſtance, ariſing from the peculiar ſtructure of the *placenta*, and its power to abſorb ſuch juices from the womb, as were ſalutary and nutritious, even when the whole maſs of the mother's blood was tainted with variolous infection: dr. LEAKE is inclined to believe that *hereditary diſeaſes* are not ſo frequent as generally imagined, and draws an illuſtration by what may be obſerved in vegetables, where two plants, of different qualities, both draw their nouriſhment from the ſame pot of earth; the one, for inſtance, a *deadly poiſon*; the other friendly to the human body, or perhaps an antidote to the former: and adds a further exemplification, in the ſmall branches of one tree being grafted into the ſtem of another; for the juices of the laſt, will from thence be ſo far diveſted of their natural qualities, by paſſing through difficult ſtrainers, as only to produce the

ſame

ſame kind of fruit, with that of the tree from which ſuch branches were taken.

DIONIS ſays, that the *fœtus* in the womb is ſubject to the ſame diſtempers that the mother has, and if ſhe has the ſmall pox has them likewiſe: and this he adds, is ſo certain, that he has ſeen new-born children that had all the marks of them; but ſince his time, however, many inſtances have occurred in direct contradiction to this opinion.

CASE

CASE XX.

I WAS ſent for about ſix months after the above caſe, to a woman who had beſpoke my aſſiſtance in her labour; ſhe had gone her full time, and on the tenth day after the eruptions of the ſmall pox was haſtily delivered of a child by the labour pains, who had no marks of the ſmall pox when born, but on the ſeventh day had the manifeſt ſymptoms, and afterwards, the diſorder in a very mild degree. The 6th day after the eruption of the putrid ſmall pox, on the 17th of April, 1774, I was called to attend a woman, who had ſuddenly miſcarried in the eighth month of her pregnancy of a dead child, on whom were evident marks of that diſorder; the woman ſunk, and died in a few hours after the abortion. Vide dr. SMELLIE, vol. 2. no. 7. caſe i. and ii.

DR. LEAKE obſerves, that thoſe who are ſeized with the ſmall pox in the pregnant ſtate, have generally much more eaſy and expeditious labour. He relates many inſtances in which this happened, and ſays, he never yet found it otherwiſe, in any caſe, where the labour was ſtrictly natural. He remarks, that this cannot be owing to the general weakneſs and relaxation of the body; in conſequence of which, the child meets with leſs reſiſtance in the birth; for if ſo, the *uterus* would participate of the effect, and its expulſive force being diminiſhed, the labour, inſtead of being ſoon over, would probably be rendered more tedious and lingering.

CASE XXI.

IN the forenoon of the 7th of July, 1765. I was called to a lady, who, at the latter end of her fourth month, in conſequence of a fall from her horſe was ſeized with a flooding; ſhe complained of pain and weight in the lower part of her belly, ſickneſs, and an uneaſy ſenſation in her loins. I deſired ſhe might be immediately put to bed, and after taking away a ſmall quantity of blood from the arm, gave her a mixture of the tincture of red roſes and *ſyrupus e meconio*, ordering her for her diet weak broth, rice gruel, and other proper nouriſhment; in the evening ſhe was much eaſier, and the *hæmorrhage* ſeemed entirely reſtrained, till about twelve o'clock at night, when ſhe complained of ſlight pains, which recurred at ſhort intervals,

intervals, and the flux appeared again, but in no conſiderable quantity: upon which ſhe again took the medicine preſcribed for her in the morning, and as before became more eaſy, and dozed quietly for ſome hours, when ſhe was awakened by the return of a ſlight pain, which ſoon went off, and ſhe continued eaſy till nine o'clock the next morning; when the *hæmorrhage* increaſing, I was permitted to examine her, and found the *os tincæ*, notwithſtanding the diſcharge, cloſe ſhut. I had my apprehenſions of the caſe, and acquainted the patient's huſband and relations therewith. The pulſe was weak, and I did not chooſe to hazard a ſecond venæſection, therefore repeated the medicine, and filled the *vagina* with fine tow, ſoaked in *oxycrate*, by which the *hæmorrhage*, for the preſent, appeared checked, and the patient continued in a recumbent poſture, and free from pain till the next day at noon, when I was ſent for, and found my application forced out of the *vagina* by ſharp pains, and the patient flooding very faſt; the *os tincæ* I now found open enough to admit two fingers; ſhe was

much lower than I had ſeen her at any time before, and appeared in a ſinking condition. I again apprized her friends of the danger, and obtained their conſent to attempt her delivery, which they ſeemed ſatisfied with the neceſſity of; and having placed her in a proper poſture, by gentle degrees inſinuated my whole hand into the *uterus*, broke the membranes, obtained the feet, and extracted the child. The *ſecundines*, with much coagulated blood, ſoon after followed. The patient was of a tender, delicate habit, and full ten weeks before ſhe thoroughly recovered: ſoon after which ſhe again became pregnant, at which ſhe was much alarmed, and therefore, for ſome months after conception, by my advice, kept herſelf quiet, uſed but little exerciſe, and twice a day took a weak decoction of bark; and thus by caution and good management, was carried paſt the dangerous period to the full end of her time, when ſhe had a natural and eaſy delivery.

BY filling the *vagina* with tow dipped in *oxycrate*, I have often checked the *uterine hæmorrhage*

rhage when all other means have proved ineffectual, and particularly ſo about two years ago, in the caſe of a lady in this place, who had lain in about a fortnight, and who, without any other apparent cauſe than waking in a hurry from a frightful dream, was all at once taken with a moſt alarming flooding. The gentleman who had delivered her was ſent for, and to reſtrain the *hæmorrhage* had very judiciouſly given her internal aſtringent medicines, made uſe of ligatures to the extremities, and cold ſtyptic applications to the parts and their neighbourhood, yet all to no effect: and in leſs than two hours cold ſweats and faintings came on, and the danger ſeemed ſo preſſing, that he adviſed my being called in; which I no ſooner was, than I ſtuffed the *vagina* full of doſſils of fine tow and *oxycrate*, kept the patient in a cool, ſtill, horizontal poſture, gave her an *opiate*, and the flux was ſtopped: on the third day afterwards the doſſils came away ſpontaneouſly, the patient got ſtrength, had no return of the flux, and has ſince got through two pregnancies without any ſimilar complaint.—HOFF-

MAN tells us he ſucceeded in ſtopping a profuſe *uterine hæmorrhage*, which had withſtood every other method by paſſing up *pledgets of lint* dipped in a ſolution of the *colcothar of vitriol* as high into the *vagina* as poſſible; and as the patient afterwards conceived, and had a happy delivery, he obſerves, that the functions of the *uterus* were not in the leaſt injured by the ſtyptic power of this application.—LEVRET hit upon a very odd, but ingenious expedient, in ſtopping a violent flooding after delivery, which otherwiſe would ſoon have proved fatal:—he introduced a piece of ice into the *uterus*, which being ſtruck with a ſudden chill immediately contracted, and put a ſtop to the *hæmorrhage*.

M. LE ROUX, an ingenious ſurgeon at DIJON, in a work written profeſſedly on this ſubject *, depends chiefly on filling the *vagina* with doſſils of linen or fine tow moiſtened with vinegar. In ſome caſes he has introduced them even into the *uterus*, and with good ſucceſs.

* *Obſervations ſur les pertes de ſang des femmes en couches, et ſur les moyens de le guerir.* 8vo. Dijon, 1776.

CASE

CASE XXII.

A WOMAN of a remarkable robuſt conſtitution, in the fourth month of pregnancy, by overſtraining herſelf in the harveſt, was taken with a flooding, attended with hyſterical ſpaſms, and grinding pains in her back and belly. I was ſent for to her on the 27th of AUGUST, 1765. being the day after the attack: the flooding had been copious, yet her ſtrength did not ſeem greatly impaired, and the pulſe being pretty full, I ventured to take a few ounces of blood from the arm, emptied the inteſtines with an emollient clyſter, and gave her an aſtringent mixture. A few hours after I called on her again, and was told that the flooding was much abated, and, that contrary to my advice, ſhe had taken a walk into the fields. I

condemned her conduct in the ſtrongeſt terms, and foretold that ſhe would have reaſon to repent of it, which accordingly happened; for in the evening the flooding returned with greater violence, and ſhe had a ſtrong hyſteric fit, followed by forcing pains. I examined her, and found the dilatation of the *os tincæ* ſcarcely ſufficient to admit the tip of my finger: I gave her a draught of the Peruvian decoction, to which twenty drops of the *tinctura thebaica* were added, and deſired ſhe might be kept cool and quiet, and ſupplied with proper nouriſhment. This advice being carefully followed, and the flooding diſappearing in the morning, no perſuaſion could prevail on the woman to keep her bed, or even her room; ſhe declared herſelf perfectly well, again walked into the fields, and was again taken with all the ſymptoms as before, except that the flux was greater than at firſt, and the pulſe more feeble, ſo that ſhe fainted away: at this time the *os tincæ* was ſo much dilated, as to admit the ends of my two fingers; placing the woman in a proper poſition, I ſoon gained admiſſion for

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my whole hand, broke the membranes, and with little difficulty effected the delivery of the *fœtus*, the *ſecundines* ſoon followed, and in ten days ſhe was ſo well recovered as to purſue her domeſtic affairs, and has ſince borne ſeveral children.——The manner in which this woman increaſed her flooding, by motion, ſhews the great neceſſity of reſt under ſuch threatening circumſtances; and, notwithſtanding the event was more favorable, reminds us of a caſe of GIFFARD'S, 160, wherein he was ſo unfortunate as to loſe the woman, after delivering the child, which he attributed to her reſtleſsneſs, and flinging herſelf from one ſide to the other; a circumſtance he adds, that much contributed to the draining; for in theſe caſes, he juſtly obſerves, the patients ought always to keep themſelves quiet and ſtill, which much contributes to the ſtopping any *hæmorrhage*.

FOR ABORTIONS in the fourth month of uterine geſtation, vide MAURICEAU, obſ. 57. 104. 164. 235. 244. 362. 385. 414. 474. 551. dern obſ. 116. 144. 663. dern obſ. 91. and LA MOTTE, obſ. 207.

207. 216, 217. 356. & 357. —— CHAPMAN, caſe xiii. ſpeaks of a woman, who was taken with a flooding in the third month of a falſe conception, but was happily ſaved by being delivered of a firm fleſhy ſubſtance.—The experienced LA MOTTE, to whoſe obſervations I have referred above, agrees with other writers, in the dangerous conſequences ariſing from a flooding, during pregnancy: and gives the caſe of a woman, who, by a fall, was ſeized with a flooding, which was ſtopped, and the woman preſerved by the immediate delivery of the child: he obſerves, that when the child is ſo ſmall, it is not material which part is brought away firſt; but when it is large, as from the fifth to the ſeventh month, he adviſes the membranes to be broke, and the child brought footling. — In dr. SMELLIE's 2d. vol. no. 2. caſe viii. mr. JORDAN, of FOLKSTONE, in a letter to the doctor, communicates an account of a woman, who was four months gone with child; ſhe had been troubled with a ſlight flooding at times, for the ſpace of three weeks, and miſcarried of a *fœtus* before he arrived; and he underſtood that

the

the *funis* had ſeparated, and come away with the child: upon examination, he found part of the *placenta* in the *vagina*, ſo that the *os internum* was kept open, and that part which remained in the *uterus* adhered ſo cloſely to it, that he could not ſeparate it without ſome difficulty: immediately after this ſeparation the woman was eaſed of her pain, but ſome time elapſed before ſhe recovered her ſtrength: in caſe ix. the ſame gentleman gives almoſt a ſimilar inſtance of a flooding and miſcarriage: alſo, caſe xi. mr. HENGESTONE, of IPSWICH, in a letter to the doctor, deſcribes a woman in the fourteenth week of her pregnancy, whom he found much weakened by a flooding; being able to introduce two fingers into the *os internum* he broke the membranes, in hopes, that by diminiſhing the contents of the *uterus* he might ſtay the *hæmorrhage*; but was obliged to introduce his hand a ſecond time, and empty the womb of its contents.——M. PUZOS, an eminent FRENCH writer, ſays, " he has ſeen women, who " evacuated each more than ſix or ſeven pounds " of blood in leſs than twelve hours, before the

" *ovum*

" *ovum* has been diſcharged; therefore, ſays he, " when the patient has pains, and the *os uteri* is a " little open; when the floodings are attended " with weakneſs, and when there is no longer a " doubt of the ſeparation of ſome parts of the " *placenta*, we ought to proceed to the delivery, " which is then neceſſary, and muſt be per- " formed, however little diſpoſition there ſhould " be towards it; becauſe, if we ſhould commit " this operation to nature, which always acts " ſlow in flooding, we ſhould loſe a deal of " precious time." —— PORTAL, obſ. 81. relates the caſe of a woman, afflicted in early pregnancy with a violent flux of blood, followed by a *fœtus* incloſed in its membranes, like an egg without the ſhell.

CASE

CASE XXIII.

AT any period of pregnancy, a detachment of the *placenta* from the *uterus* muſt be productive of abortion, which oftener happens during the firſt months than afterwards, but ſeldom ſo early as the ſixth or ſeventh week: a caſe of this kind occurred to me the 14th of FEBRUARY, 1766. the woman, according to her own calculation, which was as uſual from the laſt eruption of her menſes to the time of her abortion was about the ſeventh week; ſhe was of a delicate habit, and upon ſuffering a particular diſappointment in her affairs, ſpaſmodic contractions enſued, attended with a ſmall flooding, and at intervals ſlight pains in the belly, loins and thighs; the pulſe was weak and contracted: I deſired her ſtrength might be ſupported by nutritious fluids; ſuch as

ſalep,

ſalep, calf's feet jelly, and veal broth, taken cold without ſalt or ſpices; that her drink might be of a cooling kind, and her mind kept as compoſed and ſtill as poſſible. I likewiſe recommended a decoction of the bark with an *opiate*, to be taken at proper periods, and deſired that the cloths might be ſaved. I left her till ten o' clock in the evening, when I found that ſome large *coagula* had been diſcharged by the pains. Theſe were ſuppoſed to be the whole that could be expected to come away, as the attendants imputed the caſe to a *falſe conception:* this, however, was a point which did not appear ſufficiently evident to me, and I again deſired the cloths might be preſerved for my further inſpection, and the medicine repeated till I ſhould ſee her again in the morning; when, upon viſiting her, and examining the linen, I diſcovered an *ovum*, which contained an *embrio* about the ſize of a kidney bean, in which, by the help of a glaſs, the *contours* of the human figure in miniature were very curiouſly conſpicuous. The flooding leſſened gradually, and the woman ſoon recovered.

DR.

DR. BURTON has, with much accuracy, endeavoured to ſhew the regular progreſs of the *fœtus*. MAURICEAU pretends to determine the proportional increaſe of *fœti in utero*; but his calculations, at beſt, are very uncertain: and in obſ. 297. he ſays he ſaw a *fœtus*, of about ten weeks, that was alive, moved its arms and legs, and opened its mouth; the whole *ovum* was as big as an hen's egg, from whence it may be judged to be about five or ſix weeks at moſt. — HIPPOCRATES, * HARTMAN, SCHURIGIUS, HARVEY, KERKRINGIUS, RIOLANUS, RUYSCH, and many other writers, are very curious upon the ſubject of *embryology:* and dr. JOHNSON has given no leſs than eighteen hiſtories of abortions, in all of which he had the curioſity to weigh the *embrio* and *fœtus*, and has given a very particular account of each.

LA MOTTE, obſ. 208. informs us of a young woman about ſix weeks gone with child, who

* M. N. C. DEC. iii. an. 9. & 10. obſ. ſays, an *ovum*, that was the length of a finger, was full of clear water, in which was an embrio, of the length of the laſt joint of the little finger.

was

was ſeized with a flooding after great fatigue and a fright; the flux laſted two or three days, and at length was ſo great, as to require manual aſſiſtance, which means ſhe was delivered of a kind of little bladder, like a hen's egg without a ſhell, wherein was a minute *fœtus* of the bigneſs of a bee; the flooding leſſened gradually, and ſhe recovered.

IN the courſe of my practice, I have often attended women with the ſigns of abortion, before the end of the third month; and frequently, when call'd in time, prevented a miſcarriage by bleeding, according to the ſtate of the caſe, keeping the patient in an horizontal poſition, and adviſing the proper uſe of aſtringents, opiates, corroborating and laxative medicines; but when the *hæmorrhage* has been very ſudden and violent, wetting many cloths in an hour; the pains forcing; the patient's ſtrength much reduced, and her ſpirits depreſſed with grief; if ſhe was not young or healthy; but of a lax or leucophlegmatic habit; ſubject to hyſterical diſorders, liable to faintings; or, when membranous appearances,

attended

attended with pain, came away with the ſanguineous diſcharge, an exit of the *ovum* has generally enſued: and, indeed, under this laſt-mentioned circumſtance, I never recollect to have met with an inſtance, in which the woman did not miſcarry; correſpondent with which remark, I find the opinion of the experienced dr. LEAKE, who ſpeaking of the falſe *chorion's* inveſting the exterior ſurface of the *placenta*, &c. ſays, that it may be laid down as a practical rule, *without an exception*, that whenever a large quantity of this tender vaſcular membrane *comes away, attended with pain and a ſanguineous diſcharge*, it *infallibly* denotes a ſeparation of the *placenta* from the *uterus*, and the patient will therefore *neceſſarily miſcarry*.

FOR examples of abortions, from the eighth to the tenth week, vide MAURICEAU, obſ. 77. 154. 297. 508. 694. dern obſ. 20. & 144. and GIFFARD, obſ. 154.

DIONIS, ſpeaking of the after birth in an abortion at the end of two or three months, obſerves,

that if it comes not away of itſelf, 'tis not worth while to be concerned at it, for it is not big enough, he ſays, to occaſion any mortal ſymptoms.—In ſome caſes it may happen to the contrary; but, I am of opinion, from experience, that, in all abortions at or about the third month of pregnancy, the *placenta* will generally come away with the *fœtus*; or, ſo ſoon after it, as ſcarcely ever to make its retention an object of very material conſequence.

CASE

CASE XXIV.

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

"4th. JULY, 1766.

"DEAR SIR,

"PERMIT me to relate a very "extraordinary caſe, which occurred to me the "21ſt. of laſt month. The wife of a tradeſman "in an adjoining village, was ſuddenly, without "any apparent cauſe, attacked with a flooding in "the eighth month of pregnancy; the diſ-

" charge was at firſt but very trifling, and a mid-
" wife was ſent for, who finding ſhe had no
" pains, took little farther notice of the caſe, but
" left the patient, and deſired to be called again
" when ſhe had pains, as nothing, ſhe aſſerted,
" could be done without them. Two days thus
" elapſed, in which time the flux had increaſed ſo
" much, that ſhe had wetted ſeveral cloths; and
" finding herſelf now and then in pain, and be-
" ing weakened by the diſcharge, the midwife
" was ſent for again, and examined her; but not
" being able to give any ſatisfactory account of
" the matter, the huſband, after much perſua-
" ſion, prevailed on his wife to let him come for
" me; it unluckily happened, that at that time, I
" was ſix miles from home. The man, however,
" came after me, and I made the utmoſt ſpeed
" with him to his houſe; where, juſt as we
" arrived, the midwife met us at the door, and
" was afraid ſhe ſaid, I was come too late, for
" the woman was flooding to death, and ſhe could
" feel no child. Her neglect in not ſending
" ſooner, became the ſubject of ſome alterca-

" tion

" tion between her and the huſband, whilſt I
" viſited the patient, and found the flux had
" been very violent; but the pulſe was not ſo
" low as might have been expected, and the wo-
" man, who before had been terrified with the
" imprudent prognoſtic of the midwife, ſeemed
" now to entertain a dawn of hope from my
" aſſiſtance. I examined her, and found the *os*
" *tincæ* largely dilated; and, by the touch of a
" ſoft, pappy ſubſtance, perceived it to be the
" *placenta* which preſented. I immediately ac-
" quainted the huſband of the danger, fore-
" warned him that the event was extremely un-
" certain, and, that I thought the delivery ſhould
" not be deferred, but wiſhed for the advice
" and aſſiſtance of an experienced man midwife,
" whom I named to him; he rejected my pro-
" poſal, obligingly declaring, he was reſolved to
" truſt in me alone, and if his wife died that he
" would not blame me. This was a confidence,
" however, which I could gladly have diſpenſed
" with, and which fill'd me with much care and
" anxiety; the woman ſuddenly fainted away,

" The emergency of the caſe ſeemed every
" moment more preſſing, and finding that imme-
" diate delivery was the laſt expedient to ſave the
" patient; I placed her in a proper poſture, and
" gently endeavoured to inſinuate my hand into
" the *uterus*, by the ſide of the protruding *pla-*
" *centa*, but it was ſo firmly attached all round to
" the *cervix uteri*, that I was reluctantly obliged
" to uſe ſome force in paſſing by it; having done
" which, I ruptured the membranes, and immedi-
" ately found one of the child's hands in mine;
" but the feet being the object of my enquiry
" I paſſed it by, ſearched for, and brought
" them down into the *vagina*, and effected the
" birth, as is uſual in preternatural caſes. The de-
" livery took me up exactly ſix minutes; during
" which time, the woman had two fainting fits,
" and from the laſt, I really thought ſhe never
" would have recovered; but ſoon after the
" birth had the happineſs to ſee her revive a lit-
" tle, and take a ſmall glaſs of red wine and
" water. As there could be no doubt of the en-
" tire ſeparation of the *placenta* from the *uterus*,

" and

" and the *hæmorrhage* ſtill continued, I thought
" it beſt to loſe no time in the delivery of it,
" therefore brought it forth with all poſſible care
" and expedition.—The flooding ſtopped imme-
" diately on the delivery; ſince which it is now
" a fortnight; and as the woman is naturally of a
" good conſtitution, and every day gets ſtronger,
" I have no doubt of her thorough recovery;
" the child, which was ſmall and weakly, ſur-
" vived only five days.

" I am, &c."

THE ANSWER.

" DEAR SIR,

" I AM favoured with your caſe of " the *placenta* preſentation, attended with a flood- " ing, which is one of the moſt melancholy caſes " that the practice can afford; for whenever " there is an adheſion of the *placenta* to the *cervix* " or *os uteri*, the worſt conſequences may be " dreaded.—The expeditious manner of deliver- " ing the child was the undoubted means of " ſaving the mother's life—as the *hæmorrhage* " recurred, you was juſtified in bringing away " the *placenta* without loſs of time.—An un- " happy inſtance of the like kind, with this " difference only, that the woman had got to her

" full

" full term, came to my ſhare about two years
" ago—another practitioner was employed, who
" finding the *placenta* offer, ſent for me; the wo-
" man had flooded very freely, was much weak-
" ened, and at times had little pains; the *os in-*
" *ternum* was ſufficiently dilated, to diſtinguiſh
" the preſenting body, and a ſpeedy delivery
" was agreed on between us as the ſafeſt expedi-
" ent; but the inſtant the *os internum* was
" ſtretched for the introduction of the hand, the
" flux came on ſo rapidly, that although not a
" moment was delayed in the delivery of the
" child and *ſecundines*, the woman expired ere
" the firſt was well over — providentially ſuch
" caſes rarely happen. I congratulate you on
" your ſucceſs; and am, &c."

GIFFARD, caſe xviii. ſpeaks of a woman, who flooded, and had been ſeized with convulſions; he found the *placenta* ſeparated from the womb, and at the *os internum:* upon which he paſſed up his hand, delivered the child by its feet, and

ſaved

ſaved the mother: alſo caſe 115. he mentions a flooding in the eighth month, in which he ſucceeded by turning the child, and bringing it footling; and here he firſt begins to entertain an idea, that the *placenta* ſometimes adheres to the *os internum*, and not always to the *fundus uteri*, according to the almoſt general opinion of writers on this ſubject before his time: caſe cxvi. furniſhes him with a freſh proof of the *placenta's* adheſion to the *os internum*; he paſſed his hand by it into the *uterus*, and by delivering footling, ſaved both mother and child: caſe cxli. he ſpeaks of a flooding in the eighth month; the child was brought footling, but the woman died nine hours after the delivery: his caſe ccxv. repreſents a very bad flooding preceding delivery; wherein the child was brought forth, but the mother died ſoon after its birth: and in caſe ccxxiv. he gives a flooding previous to the delivery; when upon paſſing his hand through the *os internum* he felt part of the *placenta* adhering round about it, which induced him to give an opinion in a point of MIDWIFERY, in which he differs from moſt of the

authors

authors who had written on that ſubject; it is generally believed, he ſays, that the *ovum*, after its impregnation and ſeparation from the *ovarium*, and its paſſing through the *tuba fallopiana*, always adheres and is fixed after ſome time to the *fundus uteri*; in this caſe, the *placenta* adhered and was fixed cloſe to and round about the *cervix uteri*, as he had found it in many other caſes; ſo that upon a dilatation of the *os uteri*, a ſeparation has always followed, and hence a flooding naturally enſues: it has been obſerved, continues this author, that the *ovum*, if it is ſtopped in the *tuba fallopiana*, and does not readily paſs through, will ſometimes adhere to the *tube*, (tho' it is very rarely it ſo happens) and there makes its *nidus*, and a *fœtus* will be formed there; of which he has given an inſtance, where a *fœtus* was formed, and contained ſeveral months in a *ſacculus* out of the womb; ſo likewiſe, if the *ovum* paſſes thro' the *tube*, and falls into the womb, it may adhere to the ſides of it, or near its neck, as well as to the bottom; but moſt commonly it is fixed at the bottom of the womb, as being the part where

the

the blood veſſels are largeſt and moſt plentiful, whereby the *fœtus* muſt, of conſequence, receive moſt nouriſhment. After giving this opinion, he cloſes the caſe which led to it, by informing us, that he brought the child, which was dead, footling, and ſaved the mother: it is in his caſe clvii. that GIFFARD relates the particular hiſtory of the *fœtus* contained in a *ſacculus* without the womb, and protruded thro' the *anus*. CYPRIANUS has a ſurprizing caſe, wherein he ſaved a woman with an *extra uterine fœtus*. Vide SMELLIE'S *extra uterine fœtuſſes*, vol. ii. coll. 5. CHAPMAN alſo, p. 129. produces an extraordinary inſtance of a child that was delivered at the *anus*, about ſix or ſeven months old;—there is likewiſe an account of an extraordinary abortion, by mr. MONRO, in the Medical Eſſays and Obſervations of EDINBURGH, and of *hæmorrhages* of the womb, ſtopped by *pulv. ſtyptic. Helvetii* given in drops according to the exigencies of the caſe; it is much recommended by dr. ALEXANDER THOMPSON, of MONTROSE; who alſo tells us, that he has preſcribed it in the *fluor albus*, and

been

been ſurprized at its good effects: and, that it is compoſed of equal quantities of the alum and *ſanguis draconis*, the alum being firſt melted in a crucible, and the *ſanguis draconis* added to it, and then powdered together in a mortar. How contrary to this practice is the opinion of dr. LEAKE, who appeals to common experience for the injury done by *ſtyptic medicines* given to reſtrain internal *hæmorrhages*; and endeavours to prove, by their action on the vaſcular ſyſtem, that they muſt neceſſarily increaſe the flooding. He gives a caſe, in which *ſacc. ſaturni* was particularly injurious to a lady labouring under the *fluor albus*, as well as an immoderate flow of the *menſes*; inſtead therefore of bracing the vaſcular ſyſtem by *ſtyptics*, he recommends *ſedatives:* to this end, he adviſes the fourth part of a grain of *emetic tartar* to be given, and repeated by due intervals, ſo as only to excite a ſlight nauſea without vomiting: alſo, the *ſaline draught* with *nitre*; or, the *ſal ſedativus* of HAMBURGH, from five grains to a ſcruple. Much reſpect is due to dr. LEAKE for his obſervations on the nature and

treatment

treatment of *uterine hæmorrhages*; and, it were ſincerely to be wiſhed, that the practice he has here recommended was eſtabliſhed beyond a doubt; eſpecially, as it is well known, according to his own aſſertion, that *internal hæmorrhages* will often, at laſt entirely ceaſe, without the aſſiſtance of any medicines whatever, eſpecially when profuſe. In the Medical Obſervations and Inquiries, art. 32. p. 369. we meet with a curious caſe of an *extra uterine fœtus*, deſcribed by mr. JOHN BARD, ſurgeon at NEW YORK, in a letter to dr. JOHN FOTHERGILL, and by him communicated to the ſociety: and in the ſame uſeful and inſtructive collection, vol. iii. art. 33. p. 341. the account of an *extra uterine fœtus* is given in a letter to dr. HUNTER, by mr. WILLIAM HEY, at LEEDS. Dr. SMELLIE, vol. iii. no. 2. caſe iii. gives an inſtance of a violent *hæmorrhage* in the eighth month of pregnancy; the *placenta* preſenting at the *os uteri*, and by the neglect of an eminent doctor it proved fatal to the poor woman; notwithſtanding our author brought away the *fœtus* in the moſt tender, careful, and expeditious manner: in caſe x. of the ſame no. we alſo

meet

meet with an inſtance of a flooding; the *placenta* preſented; the woman was delivered by mr. GR——, who ſent the doctor the hiſtory of the caſe, and the woman recovered beyond expectation.— Mr. MUDGE, of PLYMOUTH, in letters to dr. SMELLIE, has given four caſes of flooding; in the third of which the woman was attacked with a flooding in the eighth month; the child's arm preſented; the child was delivered footling, and the woman recovered: and in the laſt caſe, the *placenta* preſented, the woman was in imminent danger, the child was brought footling, and the woman recovered: alſo, in caſe 16. in a letter from dr. D——. is given an account of a flooding, in which the *placenta* preſented; the *fœtus* was immediately turned, the feet brought down, the body and head delivered; but in ſpite of all his endeavours bad ſymptoms ſupervened, and the woman died on the fourth day after her delivery. — PORTAL, in his ſecond obſervation, has mentioned the caſe of a woman, who was afflicted with an exceſſive flooding in the eighth month of her time; ſhe was in the greateſt danger, he there-

fore

fore introduced his hand, broke the membranes, which were full of water; and after having found the child's feet delivered the woman, but the child was dead: in obſ. 29. he gives another inſtance of a *uterine flux* preceding labour, which had continued three weeks ſucceſſively; he found the *placenta* in the neck of the womb, a violent pain forced the head thro' the after-burden, and he ſafely delivered the woman: not long after which he tells us, he was called to a gentlewoman in the eighth month, alſo labouring under the ſame circumſtances, whom he likewiſe ſafely delivered: in obſ. 39. he was more unfortunate in the caſe of a gentlewoman, whom he found without either ſenſe or motion, having been afflicted with a violent flux of blood nineteen days ſucceſſively; ſhe had no chance left but that of a ſpeedy delivery, which he effected without much difficulty, but the patient died ſoon after: in obſ. 41. we find he likewiſe delivered a woman near her full time, labouring under a violent flux of blood, and with much difficulty ſaved her: in obſ. 51. he tells us of the delivery of a

woman,

woman, reduced to the utmoſt danger of her life by reaſon of a moſt violent flux of blood; he broke thro' the membranes, and with ſome difficulty delivered the child, both which, as well as its mother, did well: and here our author, after adviſing a ſpeedy delivery in all caſes where the *uterine hæmorrhage* is very violent, makes the following curious obſervation: "that among all the different ſorts of non-natural births, our preſent caſe is one of the leaſt difficult; becauſe the membranes not being broken before you meet with the child in the waters, it muſt conſequently eaſily be turned after their opening; beſides, that the coming away of the waters moiſtens the paſſages, and conſequently promotes the delivery."

IN ſuch caſes as he here recites, can any thing be more ſhocking than the apparently perilous ſtate of both parent and offspring, at a time when they are mutually parting (by the gradual ſtream or haſty flood) with the very eſſence of their exiſtence; the mother, perhaps, ſcarcely

ſaved with the greateſt ſkill, judgment, and dexterity; and the child, notwithſtanding the utmoſt care and tenderneſs, moſt probably deſtined to premature deſtruction; the uterine flux, together with the evacuation of the waters by the rupture of the membranes, will undoubtedly occaſion ſuch a relaxation of the parts as to leſſen the muſcular reſiſtance to the entrance of the hand; but will the feeling and conſiderate practitioner (and I truſt, there are very few without the fineſt feelings and moſt tender conſideration) take upon him to declare ſuch births the leaſt difficult and tremendous, which muſt neceſſarily fill the mind with the moſt ſenſible care and anxiety. But, on the other hand, in ſome meaſure to mitigate this ſtricture, perhaps it is neceſſary to confine our authors meaning, merely to the operation of delivery alone.

IN obſ. 69. of the laſt-mentioned author, is deſcribed the delivery of a woman eight months gone with child, who, by a violent flux of blood, was reduced to a miſerable condition, and with much

much difficulty ſaved after he had delivered the child by its feet: and in his laſt obſervation, he mentions the delivery of a gentlewoman ſeized with a violent flux of blood in the ſeventh month of her time: and afterwards again, towards the eighth month; in both which caſes the patient, although in the greateſt danger, was ſafely delivered, and reſtored to her former health: in the year 1683. he likewiſe affirms to have delivered no leſs than five women under the ſame circumſtances, *and not one died.* Vide LA MOTTE, chap. 16. obſ. 237, 238, 239, & 240.

The following inſtance of the *placenta* preſenting before the head of the child occurred to dr. JOHNSON, in MAY 1767.—when he came, he found the head of the child cloſe to the *os vaginæ*, preceded by the membranes, diſtended with the *liquor amnii*, and a part of the *placenta* extending from the *pubes*, moſtly from one ſide of the *ſymphyſis* before part of the head. The patient had been in labour three hours, during which time, though the *os uteri* had been gradually di-

lating, and the head advancing along the *pelvis*, yet there had not enſued any conſiderable loſs of blood, for there was not one cloth wet: but whilſt the head came through the *os vaginæ*, the diſcharge was ſo copious as to wet three, notwithſtanding the time was but very ſhort; for having broke the membranes cloſe to the edge of the *placenta*, which was now not far from the centre of the orifice, the *liquor amnii* flowed, and by the help of three or four pains the child came forth, immediately attended by the *ſecundines*: the child was but of a ſmall ſize, and judging from circumſtances, had probably died about the beginning of labour.

MAURICEAU, in his chapter of floodings, adviſes ſpeedy delivery as the only means to ſave the woman and child under ſuch alarming accidents: — and GUILLEMEAU, in chap. 13. of his ſecond book of happy deliveries, makes mention of ſix or ſeven hiſtories to confirm this verity.

CASE

CASE XXV.

FEBRUARY 19, 1769. I was ſent for to a woman who was about ſix months gone with child, and from a fright two days before had been ſeized with a flooding; the ſyſtem was weakened by repeated miſcarriages, and ſhe had never before proceeded farther than the fourth month: ſhe was taken with continual pains in her back and belly, attended with retchings and frequent ſhiverings; ſhe had flooded ſo much as to be quite languid and faint, and at times had cold ſweats. The pains were now ſmall, with regular intermiſſions, and bore down; her belly it was obſerved was greatly ſunk; ſhe had not felt the child for many hours, and had

complained of the ſenſation of a large looſe lump falling from ſide to ſide as ſhe moved. Conſidering her former ſtate of health and preſent ſituation, I gave it, as my opinion, that there was little or no probability to ſave her, even by delivery; but, that I thought it ought to be attempted, as the only method which could give her a chance of life, and without doing it was to ſurrender her to certain death. Having met with the full concurrence of her huſband and relations, after lubricating my hand, I paſſed it up to the *os uteri*, which I dilated gently with my fingers, ſo as eaſily to obtain a paſſage for my whole hand into the *uterus*, where, upon rupturing the membranes the child's feet preſented, which I immediately brought down, and the body and head followed with little difficulty; the *placenta* came away almoſt inſtantly; the child was livid, and appeared to have been ſome time dead; for many hours after the delivery, although the *hæmorrhage* was but very trifling, it was difficult to keep life in the patient; ſometimes the pulſe was totally imperceptible, and ſhe had ſcarcely

power

power to ſwallow a tea ſpoonful of any liquid; the pulſe, however, gradually returned, and got more ſtrength as the draining abated, and after ſome time ſhe could ſwallow a large ſpoonful at a time of a cordial mixture I had prepared for her; by the help of every ſuitable remedy, which her weak condition required, and a diet of the moſt nutritious kind, in about five months after her delivery ſhe recovered a ſtate of health beyond expectation; but becoming again pregnant, altho' every means were uſed, which a tender and relaxed habit required, and proper precaution taken to prevent ſhocks of every kind, ſhe unhappily contracted a putrid ſore throat, ſuddenly miſcarried in the beginning of the fifth month, and died of flooding in a very few hours after; and I was informed, that the marks of putrefaction were the next day ſo intolerable offenſive, as to make it neceſſary to inter the corpſe with all convenient ſpeed. — LA MOTTE, obſ. 211. gives the caſe of a woman, ſeized with a great flooding in the ſixth month of her time; he found the arm of the child hanging out of

the *vagina*, which he returned, and found the feet; but, notwithſtanding this, the *os tincæ* was ſo hard and inflexible, as to prevent the delivery, till he had made a decoction of ſome emollient ingredients, over which the patient was to ſit on a cloſe ſtool; by which means the orifice was relaxed, and he introduced his hand without any trouble, took hold of the feet, and drew them out with eaſe. The woman, he adds, was abroad ſix days after, as if nothing had been the matter with her.—In dr. SMELLIE's 2d vol. no. 2. caſe vii. we meet with the account of a woman he attended, who was very much weakened by a conſtant draining of blood from the *uterus*, which had begun two months after conception: the *os uteri* being open, and the membranes puſhed down with the waters, theſe laſt were pierced with a pair of ſciſſars, and the waters being diſcharged, the *uterus* contracted ſo, that its veſſels no longer poured forth their contents, and came in contact with the body of the child, which was delivered when the pains returned. In the third volume of the ſame author, no. 2.

caſe i.

caſe i. he mentions the caſe of a woman he was ſent for to, who was attacked with an *hæmorrhage* from the *uterus* in the ſixth month of pregnancy, occaſioned by a fall from a horſe; the diſcharge at firſt was ſmall, but the next evening it was increaſed with ſlight ſtrainings, which, however, by proper care, abated; but, neverthelefs, for ſeveral days ſhe had a bloody *ſerum* continually draining; and eight days after ſhe received the fall he was called in great haſte, when ſhe had diſcharged a large coagulum of blood, followed by a violent flooding, which ſtill continued. He adviſed another gentleman of the profeſſion to be called, who came accordingly, and, it was their joint opinion, that it was neceſſary to deliver her as ſoon as poſſible; but the *os uteri* not being dilatable, the attempt proved, for the preſent, ineffectual, and it was agreed to keep her alive by ſuitable nouriſhment, till the parts ſhould grow more ſoft and yielding, or the labour become more vigorous; the flooding returned about nine or ten at night, but was ſoon reſtrained by fifteen drops of liquid laudanum.

laudanum. She continued in this way for three days, the flooding returning four or five times, and abating on repeating the draught. At the end of this period she was again attacked with another violent discharge, which did not abate as formerly; now finding the *os uteri* softer, and, to appearance, more yielding, a second trial was made, and the hand introduced into the *uterus*, the membranes broke, the child was delivered, and the woman saved with much difficulty, after continuing many days in a weak and low condition. PORTAL, obs. 43. speaks of a woman he was called to in the sixth month of her reckoning, who was troubled with a violent flux of blood, when he found it necessary to deliver by searching for the child's feet, which he found, and accomplished the delivery in the usual manner, and the woman did well.

CASE

CASE XXVI.

ABORTIONS, from the ſixth to the end of the ninth month, it is generally allowed are attended with more danger to the mother than at any earlier period of pregnancy; and through the whole of his practice it has been obſerved, that the ſkilful man-midwife will ſeldom meet a trial, which can prove a truer criterion of his ſkill and dexterity, than that of conducting his patient ſafely through a caſe of this kind, when happening between the ſixth and ſeventh month; becauſe the cavity of the *uterus* is commonly ſo ſmall, and its orifice ſo very thick, and ſometimes rigid, as but ſeldom to admit the hand with ſuch facility and quickneſs as ſometimes the exigency of the caſe requires, e. g. MARCH 14, 1770. I was called to a woman who was between ſix and

ſeven

ſeven months gone with child, and who, three days before, was attacked with a flooding, which ſhe imputed to a violent cough. The flooding had been copious, but it was now ſomewhat abated. She was rather plethoric, tho' naturally of a good conſtitution; and although ſhe had loſt much blood by the flux, the pulſe was ſtill in a ſtate to juſtify venæſection, which I performed, and, on examination, found the aperture of the *os tincæ*, but very ſmall, thick and rigid to the touch. I deſired ſhe might be kept ſtill and eaſy, and that night gave her a few grains of *pil. ſaponac.* and as ſhe objected to its form as a pill, diſſolved it, and gave it her in a draught of *aqua hyſſopii.* I alſo ordered her a pectoral drink of ſliced figs and ſtoned raiſins, together with a pectoral mixture, of which I recommended the taking two or three ſpoonsful when the cough was moſt troubleſome. I called on her in the morning, and was pleaſed to hear ſhe had reſted better than for many nights before; that the cough was much appeaſed, and the flooding had been but little. I purſued my plan of giving her opiates at

night,

night, and pectorals occaſionally, beſides laying proper injunctions on her diet and regimen. As the flooding for five days had been very trifling, recurring in ſmall quantities, perhaps once or twice only in twelve hours; and the ſtate of the pulſe, to which I paid particular attention, remained tolerably good, I began to conceive hopes of entirely reſtraining the *hæmorrhage*, and of ſafely conducting her to her full time. As ſhe lived at a diſtance, and from motives of œconomy, deſired my attendance at ſuch times only as ſhe ſhould ſend to deſire it, I heard nothing more from her till three weeks after my laſt viſit, when I was ſuddenly called upon to attend her with all ſpeed, as the flooding had returned, and ſhe was in great danger. I underſtood upon the road by the meſſenger, that another practitioner had the day before accidentally called in upon her: and, although he was told that I had attended her, and ſaw my medicines in the houſe, he very officiouſly adviſed another bleeding, which was performed, and a greater quantity of blood taken away than the

patient's

patient's ſtrength could bear; for the *uterine hæmorrhage* was much increaſed, attended with no pains but an emiſſion of *coagula*. The pulſe was much ſunk, and the woman reduced to extreme danger: upon examination, the *os tincæ* felt thick and rigid, but was enough dilated for the admiſſion of two fingers. She was ſeized with a fainting fit; I informed the patient's friends of her danger, and deſired the aſſiſtance of a gentleman of long experience in the practice of MIDWIFERY, who was immediately ſent for, but at that time ſo much indiſpoſed as not to be able to go abroad. The buſineſs was now become very ſerious, and of the laſt importance, there was no time to be loſt; the diſcharge increaſed, another fainting fit enſued, and the woman appeared to be ſinking apace: upon which I employed my utmoſt efforts to gain admittance into the *uterus* for my whole hand, which I could not effect without much trouble: upon rupturing the membranes a prodigious quantity of waters iſſued forth; I found the head preſented to my hand, I puſhed it up, and

paſſing

paſſing by it, found the feet: but do not remember to have met with greater difficulty in any preternatural delivery that ever occurred to me, being obliged to employ the blunt hook, both in the delivery of the ſhoulders and head, owing, I apprehend, ſolely to the ſtubborn reſiſtance of the *os uteri*; for the *pelvis* was well formed, the child but ſmall, and the woman had before brought two children at their full time; the child appeared to have been dead ſome time; the ſymptoms continued, and the *ſecundines* not following the delivery, I introduced my hand and brought them away. The woman revived ſoon after the delivery, and drank a cupfull of warm rheniſh wine and water: for many weeks after, ſhe continued in a low and weak way; but by the help of reſtorative medicines, and a nouriſhing diet, at length recovered; and ſeems truly ſenſible, that ſhe muſt inevitably have periſhed, if means to ſave her had been longer delayed. MAURICEAU remarks, that where the orifice of the womb was ſoft, thin, and equal, the patient generally recovered; but if

the

the contrary, ſhe often died.—PEU is of the ſame opinion, and pronounces death to the patient from his own experience, when violent force, in ſuch caſes, is employed to dilate the *os uteri*: this caſe, however, happily proved one exception to the rule, which that experienced accoucheur has deduced from his own practice.—This caſe was communicated in a letter to dr. MACKENZIE, who approved of my conduct in the treatment of the patient: and aſks, if the difficulty of delivery, as the child had been ſome time dead, might not proceed from its being ſwelled? but as I did not ſee that the child was in any part particularly tumified, I think it is moſt likely, the trouble which enſued, aroſe from the uncommon thickneſs of the *os uteri*.—GIFFARD'S caſe 120. contains an inſtance of a flooding in the ſeventh month, wherein the mother was reduced to the laſt extremity, but was delivered by turning the child, and at length recovered. In caſe 186. of the ſame author, we meet with another flooding in the ſeventh month, where the child was brought footling, was dead, and the woman recovered.

covered. And in his laſt caſe, he alſo treats of a flooding, where one arm and part of the *placenta* ſlipped down below the *os internum*; the patient was in the ſeventh month of her pregnancy; he delivered the child by its feet, and the *placenta* being detached from the *uterus*, eaſily followed the birth of the child; notwithſtanding which, the unhappy woman continued draining, and died ſoon after the delivery.—Dr. SMELLIE, vol. 3. no. 2. caſe ii. gives an account of his being called to a woman who was attacked with a flooding in the ſeventh month of pregnancy. She had flooded for ſeveral days; at length, fainting and cold ſweats coming on, the doctor, at the deſire of her friends, with the moſt forlorn hope of ſucceſs, delivered the *fœtus*, but not without uſing ſuch a degree of force as to tear the *os uteri*, which gave him much concern, as in an inſtance of a ſimilar kind, the woman died ſoon after; but here, contrary to his expectation, conſidering the low condition ſhe was in at the delivery, this patient recovered.

FOR further examples of *uterine hæmorrhages*, ſee the celebrated HOFFMAN, vol. iii. p. 183. obſ. 1. GIFFARD, caſes 19. 25. 41. 82. 84. 85. 88. 135. 184. 208. & 209.—CHAPMAN, caſe 10. recites three diſtreſſing inſtances; one, of a perſon, who died by flooding three weeks before her account, altho' he delivered the child footling; but ſhe had loſt ſo much blood before he was conſulted, that ſhe expired in the moment of delivery: the ſecond, of a gentlewoman, who alſo died by flooding, occaſioned by her delivery being delayed: and the third, of a lady, who died in the ſame way, thro' the ignorance and obſtinacy of the midwife, and by loſing of blood at the arm in two ſeveral operations, although ſhe had ſuſtained the loſs of prodigious quantities of blood by the *uterine* diſcharge.

CASE XXVII.

E. M. was taken in labour about ſix in the morning of the 24th. of OCTOBER, 1772, and ſoon after ſent for the midwife who uſed to attend her; the pains continued but trifling till eight o'clock the following morning, when they recurred much ſharper and faſter, and the membranes ſuddenly giving way the waters were evacuated: ſoon after which a duplicature of the *funis* prolapſed into the *vagina*, and a flooding began, which was at firſt very moderate, and ſo ſlightly regarded by the midwife, that ſhe attributed it to the *ſhews*, and accounted it a good ſign; and was ſo very ignorant of her buſineſs, that tho' ſhe found the *funis* in the *vagina*, ſhe had not eſteemed it a matter of much conſequence: at length, however, the flooding increaſed, and the

woman grew weaker and fainted away, which ſoon filled the friends and attendants with apprehenſions for her ſafety, and they thought it proper to require my aſſiſtance. The midwife could give no account of what part preſented, and took not the leaſt notice of the ſituation of the *funis*, which I found prolapſed without the *vagina*, at leaſt, to the length of three inches, and diſcovered by the touch, a round, ſoft body, with a ſeparation in the middle; being the *nates* which preſented, anteriorly to the mother: and indeed they could not be well miſtaken, both by the ſmooth and fleſhy feel, and the great diſcharge of the *meconium*, which had appeared for ſome time before I came. There ſtill remained a weak pulſation in the chord, which I endeavoured to replace, but in vain; I therefore did not heſitate a moment, to give it as my opinion, that the delivery ought to be accompliſhed with all poſſible expedition; to which propoſal, all preſent acquieſced; I therefore had the woman placed in a ſuitable poſition, and with no great

deal

deal of trouble brought one foot down into the *vagina*; the ſecond, however, for ſome time eluded my ſearch; but at length I ſecured it, and deſiring an attendant to keep a preſſure on the patient's belly, as the *uterus* emptied, proceeded as in other preternatural births, and delivered the child; about ten minutes after which the *placenta* came away with very little difficulty; the patient had once fainted during her delivery: I gave her a little mulled wine, by which ſhe was much revived; but, though every poſſible care was taken of her, it was many weeks before ſhe entirely recovered; ſhe has ſince lain in twice, but neither of the children ſurvived the month. The child was ſmall and weakly, and only lived to the third day. One circumſtance attended it, which I never met with before, nor ſince, viz. a moſt extraordinary deficiency of ſkin round the navel, ſo that the periſtaltic motion of the *viſcera* was very viſible.—I find that RUYSCH has particularly obſerved this diſorder of the *fœtus*, and gives no leſs than three different inſtances of it, but never

could cure it; for, ſays he, every infant thus affected has paſſed from the womb to the grave, within the ſpace of ſix, ſeven, eight, or nine days. He diſtinguiſhes this diſorder from the *hernia umbilicalis*, and, as a palliative, adviſes *emplaſtrum diapompholigos*, or the like, which has not too great a tenacity, leſt by adhering too firmly to the thin ſkin, it might rend open a paſſage for the contained *viſcera* to prolapſe.—GIFFARD, caſe xxiv. relates a very uncommon inſtance of a woman who had twins; the one born, and a great flooding ſucceeding; the other remaining in the womb, which he ſpeedily delivered by the feet; but the woman being exhauſted before he came to her, died ſoon after the delivery.—CHAPMAN deſcribes two other melancholy examples of flooding in time of labour; the firſt, where the woman, at her full time, fell into violent floodings, which ſo far exhauſted her ſtrength, that although he delivered the child by its feet as ſoon as poſſible, the patient died in ſix hours after delivery. The ſecond, where a young lady, in labour with her firſt child, was

ſeized

ſeized with a flooding, and the arm of the infant preſented itſelf; but by the neglect of the practitioner who attended her, was ſuffered to die of the *hæmorrhage* without any attempt to deliver her. But in another caſe which he gives us of a flooding in time of labour, although the woman had faintings every two or three minutes, to a very great degree, and oftentimes ſeemed quite gone; he delivered the child by its feet, and the woman being of a ſtrong and healthy conſtitution, had the good fortune to recover.—Dr. SMELLIE, vol. iii. no. 2, caſe iv. ſpeaks of a woman, who was ſeized with a flooding in the time of labour; the arm and ſhoulder preſented, and detained ſome of the waters after the membranes were broke; he puſhed up the arm and ſhoulder into the *uterus*, raiſed them up to the *fundus*, brought down the legs, and delivered the child, which was ſmall; but the patient was ſeized with a fainting, followed by convulſions, and died inſtantly. In caſe the ſixth of the ſame collection, we find a woman attacked with a violent flooding in time of labour, the *funis*

fallen down before the head of the child, and the membranes not broke: upon which they were ruptured, the child turned and delivered; and the woman, after continuing in a weak and low condition for many days, was able to get out of bed in three weeks:—and in caſe vii. is likewiſe given the hiſtory of a woman in labour, attacked with a flooding, and the child delivered; but the woman being of a weak and delicate conſtitution, after continuing for eighteen or twenty days in a good way of recovery, was taken with a purging, continued languid after it, and died at the end of ſix weeks from her delivery. Coll. 35. of the ſame vol. caſe x. we find a face preſentation; the woman exhauſted by floodings, the *os uteri* ſnipp'd with the ſciſſars, the child brought footling, and the woman died on the fourth day. In caſe xvi. he has alſo another inſtance of flooding, where the *os uteri* was ſnipp'd and tore, the child delivered footling, and the woman died of a looſeneſs on the ſeventh day. In coll. 39. no. 1. caſe i. the doctor has related a moſt remarkable circumſtance

ſtance of a flooding, wherein the woman died ſuddenly; the *Cæſarian ſection* immediately took place, but without effect; preſently after, he preſents us with another flooding caſe, where the woman died, and the *Cæſarian operation* was immediately performed, but with the ſame ill ſucceſs as before. In coll. 42. no. 1. caſe i. is an account of a flooding, which was reſtrained by the help of opiates, and cold topical applications, and the woman was delivered by the labour pains. In caſe the ſecond of the ſame collection, we find another inſtance of a flooding, which came ſuddenly on; and, notwithſtanding recourſe was had to the ſame means as in the former caſe, the woman being of a weakly conſtitution, fell into a ſecond fainting fit, and expired: and likewiſe, caſe the third, he relates a flooding, occaſioned by part of the *placenta* being detached from the *uterus*; by means of opiates the woman was lulled into reſt, and in a little time delivered by the labour pains. Vide LAMOTTE, book v. chap. 4. and the ſame author, chap. vii. obſ. 213. & 214.

CASE

CASE XXVIII.

A WOMAN, who had ſuffered much by a long laborious labour, in the morning of the third day, which was the 7th of APRIL, 1771. ſuddenly was ſeized with a fainting fit; I was ſent for, and informed by the midwife, that the waters broke two days before that the pains had been very ſtrong; that the head was low down, and they had expected its delivery every minute, but within the two laſt hours the pains had become much more feeble; the woman had appeared very weak, and twice fainted quite away, but no blood had appeared upon the linen; the pulſe was ſmall and low, and, upon examination, I found the head low advanced in the *pelvis*, preſenting with the face to the *pubes*, which determined the ſituation of the ears; the extreme

extreme weakneſs of the woman, and as nature had been truſted as far as it was ſafe, after gradually lubricating the *perinæum* and *vagina*, in the moſt eaſy and deliberate manner, as the patient lay on her ſide, introduced one blade of the forceps, and ſoon after the other; when both were paſſed, and properly ſecured, the patient was turned on her back, and carefully ſupporting the *perinæum*, I effected the extraction of the head in the manner it preſented, which was very large, and had blocked up a moſt amazing quantity of blood: indeed, it is impoſſible to conceive how the woman could ſuſtain ſuch a diſcharge, and be alive. The child was born alive, but lived only a few minutes; the woman was for ſome time extremely weak, but at length recovered. — Dr. BURTON remarks the caſe of a woman, to whom he was called, who had been long in labour, and all the ſymptoms of a woman's flooding to death, although the linen was not ſtained with blood; owing, he ſays, to the child's ſize ſo entirely filling the *os uteri* that none could paſs; he delivered the woman immediately, and ſuch

a quantity

a quantity of blood was collected within the womb, that he was amazed the woman was alive.

DR. LEAKE has obſerved, that when the child's head for a time ſhuts up the *os uteri*, the patient may continue to loſe blood profuſely into the cavity of the womb, altho' none appears externally: and ALBINUS mentions a very extraordinary caſe, where only the centre part of the *placenta* being looſened, a large quantity of coagulated blood was lodged between it and the *uterus*, as it were in a bag; and conſequently, not a drop was externally diſcharged, ſo as to foretell the danger.—When we come to conſider floodings and abortions, we ſhall find that one is the frequent and moſt general conſequence of the other; and, that the immediate definition of flooding is the detachment of ſome part of the *placenta* or *chorion* from the internal ſurface of the *uterus*, either from ſome external hurt, debility, extraordinary paſſions of the mind, a natural bad habit of the body, or by taking medicines improperly; and

and, perhaps, with the deſign of procuring an abortion, which horrid and unnatural as it may ſeem, is, I fear, become too common a practice. For the particulars of *one* very exraordinary and fatal inſtance of this ſort, the reader may conſult CASE XXX.

CASE XXIX.

IN the month of APRIL, 1768. a woman applied to me with a bubo in her groin, and ulcers in the noſe and throat; ſhe was in the ſeventh month of her pregnancy, had received the infection three months before, and been under the care of an empiric, who was either entirely ignorant of her real diſorder, or had procraſtinated the cure with a view of lucre; I ordered cataplaſms to be applied to the tumour to bring it to maturation, and gave her inwardly a ſpoonful of the ſolution of corroſive ſublimate, made with ſixteen grains, diſſolved in two drachms of ſpirits of nitre to a pint of brandy; and every fourth morning exhibited a mild laxative of manna, diſſolved in infuſion of ſena. The tumour becoming prominent, the ſkin thin,

and

and the fluctuation perceptible, I made an inciſion with a lancet through its whole length, and cut away the looſe integuments with the ſciſſars; afterwards dreſſed it properly, and in about three weeks it was entirely incarned; the ulcers in her noſe and throat were much better, but not entirely well; and beſides, ſhe often complained of tenſion and pain in thoſe parts. I was apprehenſive that the virus, at this unlucky period of geſtation, was not to be radically diſcharged: and, indeed, promiſed myſelf little more than to be able to keep it within bounds till after her lying-in, with which view I continued the ſolution till the day ſhe was delivered of a female child, which at firſt had no appearance of the infection; but in leſs than a week the *labia* began to ſwell, and ſmall blotches appeared in different parts of its body. As the mother of the child had plenty of milk, and except the ſoreneſs in her throat, was otherwiſe as hearty and ſtrong as any woman in her ſituation could be, I adviſed her to ſuckle the child, which ſhe did. At the end of three weeks I began to give her ſmall

doſes

doſes of calomel, with a view to raiſe a ſlight ſalivation, in which I ſucceeded to my wiſh, and continued the ſputation eighteen days; in the mean time the eruptions on the child were daily anointed with an unguent compoſed of one drachm of white precipitated mercury, mixed in an ounce of axungia, flavoured with a ſmall quantity of burgamot; and by theſe means, both woman and child were entirely cured of the diſorder.—I have been ſince conſulted in the caſe of a child three months old, who, by the exulcerations in its mouth and throat, it was plain had imbibed the diſorder from the nurſe. The woman at firſt denied the charge; but, upon examination, was found to have venereal warts without ſide the *pudenda*, and a violent diſcharge from the *vagina*. The child was immediately removed, and cured within a month, by taking a powder of one grain of calomel, and ten grains of ſugar, every other night, in a ſpoonful of breaſt milk; and beſides this, on every third morning, three drachms of manna in a little weak chicken broth.

IN the third volume of the Medical Eſſays and Obſervations, we meet with an account of a malignant *lues*, communicated by ſuction. MAURICEAU gives an inſtance of a young woman who had long had this diſorder, and had once before miſcarried of a dead child, which was rotten with the complaint; and who, ſtill labouring under the *lues*, to a very ſevere degree, concealed her ſecond pregnancy, and put herſelf under the care of a ſurgeon, who cured her by ſalivation, and ſhe was afterwards delivered, at her full time, of a child, in every reſpect as healthy as if the mother had never had the leaſt touch of that diſeaſe; from which example he infers, that a big-bellied woman may ſafely be taken in hand, and cured, if proper precautions are taken: he alſo tells us, that a friend of his, to whom he communicated the above caſe, aſſerted, that he himſelf, twice in the above caſe, had been ſucceſsful in the cure of the women; and, that their children were well born, at their full time, without having the leaſt impreſſion of the venom in any part of their bodies: and further ſays,

that VARANDÆUS confirms to us this truth, in treating of women's diſeaſes; where he preciſely makes mention, that he had ſeen big-bellied women, who had this diſeaſe eradicated, by anointing with mercury, and ſalivation, preſcribed by empirics; which may convince us, that this cure will eaſily have better ſucceſs, when governed and managed by a ſkilful and experienced perſon.---- After all known, it is certain, that mercury exhibited during pregnancy, will always be a hazardous remedy; eſpecially with patients of an irritable habit: and, from obſervations, which have been made from the practice of inoculation, above ten years ago, when it was uſual to give pretty large doſes of calomel, by way of preparation, it appears, that ſeveral pregnant women, who were among the inoculated, miſcarried; which may ſerve as a caution under ſimilar circumſtances in future; at the ſame time, it may be worthy of remark, that the uſe of mercury may, moſt probably, be found leſs injurious, after the fifth month, than before; becauſe the body is moſt irritable in the earlier months of pregnancy.

CASE

CASE XXX.

E. S. A maid ſervant, about the age of twenty-five, in the morning of the 30th of SEPTEMBER, 1764. was ſeized with violent vomitings, and a prodigious diſcharge of blood from the ſtomach, which continued till the next morning; when frightened at the conſequence of her enterprize, and afraid of dying, ſhe deſired the aſſiſtance of a midwife; who found her in a very weak condition, continually inclined to vomit, convulſed, with now and then ſmall pains reſembling thoſe of labour, and a ſlight *uterine hæmorrhage*; ſhe acknowledged to the midwife her being ſix months gone with child, but at that time nothing further. The woman examined, and found, as ſhe imagined, ſomething like the preſentation of a ſhoulder; but

having ſome ſuſpicions of the bad practices which had been uſed, and fearing the woman would die under her hands in theſe deplorable circumſtances, ſent for me: ſoon after which I attended, and found the unhappy patient extremely low and weak, with a ſmall intermitting pulſe, cold clammy ſweats, overwhelmed with horror; and ſenſible to what a degree of danger ſhe had expoſed herſelf, in a voice ſcarcely articulate, ſhe told me ſhe had ſuffered great pains, retched violently, and often brought up great quantities of blood, and had convulſions in her belly; the pains, ſhe added, went quite through her at firſt: but ſince ſhe had more bearing down, they were ſomewhat abated, but, that ſhe had ſtill a continual ſickneſs at her ſtomach and an inclination to vomit: upon examination, I found a total ſeparation of the *placenta* from the *uterus*, and the former as low as the *os externum*, which I brought forth immediately. The knees of the *fœtus* next puſhed down, which, together with all its other parts, were, in leſs than a minute, eaſily delivered; notwithſtanding the rupture which muſt

have

have happened to the venal appendages, and the ſhock which the womb had ſuſtained, I could not find that there had been any great *hæmorrhage* from it; the flux, from the firſt, being chiefly ejected by vomit *ex ore*; the *fœtus* had no livid marks upon any part of it, and did not appear to have been long dead: ſoon after its delivery, I gave the patient two ſpoonfuls of a cardiac mixture, which was ſcarcely ſwallowed, before ſhe retched and threw it back, with the adition of, at leaſt, a quart of chocolate coloured bile; ſoon after which, as I ſat on the bed-ſide, I began to interrogate her upon the melancholy ſituation to which ſhe was reduced; and told her, that I was fearful ſhe had not acted right; perhaps, might have been imprudently prevailed on to have taken ſome medicine which had diſagreed with her, and been the cauſe of all her illneſs; which, I was ſorry to repreſent to her, as of the moſt dangerous kind; at the ſame time, I begged ſhe would make an ingenuous anſwer to theſe enquiries, either to me or her miſtreſs, who had felt much on her account. She deſired it might

be to her miſtreſs; to whom, as well as afterwards in my hearing, ſhe confeſſed, "That the "father of the child had brought her on the "Saturday night before, a certain black pow-"der, in quantity, nearly about as much as "would cover a half crown piece, deſiring her "to take it in whatever ſhe liked; that it was "deſigned to ſave her reputation, by making her "miſcarry; that perhaps it might make her a "little ſick, but, ſhe muſt not mind that; that, "agreeably to his directions, ſhe did take it "in a little ſmall beer, and, in leſs than half "an hour after, was firſt ſeized with a vomiting "of naſty, ill-coloured ſtuff, and then caſt up "great quantities of blood, which ſhe had ſince "frequently continued to do; that a miſt came "before her eyes; ſhe had a ſinging in her ears, "ſtruggling motions in her belly; pains, which "ſometimes cauſed a bearing down, and at others "darted through her; frequent looſe ſtools, ex-"ceſſive heat within ſide, parched throat, and "intenſe thirſt: inſomuch, that ſhe had drank "ſeveral pints of water at a draught, which ſoon

"came

" came up again, and looked like ſo much pure
" blood; that, ſoon after the vomitings began,
" ſhe had perceived a continual draining of
" blood, like her monthly courſes; but, at no
" time, in any very great quantity, and that ſhe
" felt the child very diſtinctly about an hour be-
" fore ſhe took the medicine; but after the ſtrug-
" gling motions, which ſhe before deſcribed, had
" ceaſed, and, which ſhe thought, were occa-
" ſioned by the child, ſhe had felt nothing like
" it." She had ſcarcely finiſhed this declara-
tion, before ſhe was ſeized with rigors, cold
ſweats, deliquia, and convulſions; and death, in
a few minutes, cloſed the tragic ſcene: thus died
this poor unhappy wretch, the miſerable victim
of a criminal practice, (intended to conceal from
the world, a ſhame and diſgrace) which, in its
conſequences, terminated in untimely death, and
multiplied guilt. At the deſire of her friends,
and with the aſſiſtance of another ſurgeon, I
opened the body: and finding a general eroſion
of the *villi* of the ſtomach, an inflammation of
the *pylorus*, as well as of both the ſmaller and

larger inteſtines; the *uterus* and urinary paſſages particularly diſordered by the rough and violent operation of the medicine which ſhe had taken; and which, it was obvious, had been the death of both mother and child. We related theſe circumſtances upon oath, before the coroner, who had been called in to make his inqueſt; and the whole affair, at the following aſſizes for the county, underwent the examination of a court of juſtice. — DIONIS has obſerved, that thoſe maids, who uſe means to procure an abortion, are guilty of a very great crime, and, that the difference of time does not alter the nature of it; for, whether the ſoul has actually taken poſſeſſion of the body, or, is only preparing to enter it, a BEING, which would have been made compleat and perfect, is deſtroyed and murdered.--- The ſame author farther remarks, that if an abortion is owing to a diſeaſe, no-body can be blamed for it; but if it is cauſed by medicines, ſuch practice is utterly condemned by all men of ſenſe, as moſt pernicious and unwarrantable; for this is premeditated murder, and is by no means juſtifiable,

juſtifiable, even, though a maid, finding herſelf with child, ſhould do it, to preſerve her own, and the reputation or honour of her friends, and, by the laws of all nations, ought to be puniſhed with death. He alſo adds, that thoſe, who, for money, help others to ſuch things, deſerve the moſt exemplary puniſhment: and, that he, himſelf, ſaw a woman executed at PARIS for following this baneful and deſtructive buſineſs.

CASES

CASES XXXI, XXXII, and XXXIII.

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

" MAY 21, 1765.

" DEAR SIR,

" THE desire I entertained of " seeing the women recover, before I presented you " with the three following laborious cases, which " occurred to me within a short space of each " other, prevented my writing sooner; I now " enjoy that satisfaction, and permit me to beg

" your

" your attention to my method of proceeding
" with each: to the firſt of theſe women my
" aſſiſtance was beſpoke; ſhe is young, and this
" was her firſt labour, which commenced with a
" trifling pain, about four o'clock in the morning
" of the 11th day of APRIL; at the ſame time
" the membranes broke, and the waters were
" evacuated; notwithſtanding which ſhe had no
" recurrence of pain till ſix in the evening of
" the ſame day, when ſhe had frequent retchings
" and very ſtrong pains. I found the *os tincæ*
" very widely dilated, and the child's head low
" in the *pelvis*; the *pericranium* had a puffy *em-*
" *phyſematous* feel, and the head ſo completely
" blocked up the *pelvis*, that I in vain endea-
" voured to find its true ſituation, by introducing
" my finger on either ſide. The pains continued
" ſtrong and frequent, and as the ſoft parts were
" ſufficiently dilated, the *pelvis* ſeemingly well
" formed, and the woman of a good conſtitution,
" I could no otherwiſe account for the protrac-
" tion of the head, than by attributing it to an
" extraordinary bulk or particular oſſification,

" and

" and waited till eight o'clock the next morning
" in expectation that the pains might ſtill be able
" to effect its advancement; but finding them
" leſſen and abate, and an incipient flooding
" coming on, I began to think of the forceps,
" and, as there was no guide for their direction, de-
" termined to apply them, and deliver as well as I
" could; yet, I found, that the head was ſo firmly
" wedged in the *pelvis*, that I could not introduce
" them without much hurt to the patient. I was
" caſting this over in my mind, when, with a
" pain, by far weaker than many ſhe had had
" before, I gladly perceived the head to deſcend:
" I now encouraged the woman to make the moſt
" of her pains; which ſhe did, and with the
" help of three or four more throes, the head
" lengthened in form of a ſugar loaf, was in a
" little time delivered, and the ſhoulders and
" body, without much difficulty, followed. The
" *funis* had given way at its inſertion into the
" *placenta*, appeared beginning to putrify, and
" had two faſt knots, one at one, and the other
" at the other end of it; which, by obſtructing

" the

" the circulation through the *chord*, moſt pro-
" bably occaſioned the death of the child: which
" appeared to have been dead ſome days, altho,
" during the labour, there was no other ſign
" of its death than the puffy *emphyſematous*
" touch of the ſcalp. The woman flooded very
" much; upon which I paſſed my hand, well
" lubricated, through the *vagina* into the *uterus*;
" and having no direction from the *funis*, after
" removing ſome coagula of blood which laid
" in the way, I found the *placenta* adhering to
" the *fundus uteri*, and gently endeavoured to ſe-
" parate it with my fingers, but it was ſo very
" putrid as to come away by piece meals; a very
" diſagreeable circumſtance, which occaſioned
" me much uneaſineſs; however, by this means,
" I had reaſon to believe I had entirely emptied
" the *uterus*, as the flooding ceaſed; and the wo-
" man remained pretty well till the third day after
" delivery, when ſhe was ſuddenly ſeized with an
" immoderate *hæmorrhage* from the *uterus*, at-
" tended with a weak pulſe, feveriſh heat, ina-
" bility to ſpeak, and great pain in the *hypo-*

" *chondria*;

" *chondria*; I was much alarmed at finding her
" in this diſagreeable and dangerous ſtate, and
" the more ſo, as I found myſelf accuſed with
" not having delivered the whole of the *placenta*;
" which I began to fancy might indeed be the
" cauſe of this unexpected flux; but, on exami-
" nation, the *uterus* was found free from any re-
" maining body, I therefore attributed her com-
" plaints to a laxity brought on by the exceſſive
" heat of the room, and ordered her to be kept
" cooler; to obſerve an incraſſating regimen,
" and to take a draught of *Peruvian decoction*,
" acidulated with *elixir of vitriol*, every five hours,
" and at bed time preſcribed an *anodyne*; the flux
" was hereby reſtrained, ſhe recovered her ſpeech,
" was weak and low for ſome days; but has, at
" length, recovered without any other bad ſymp-
" tom whatever.

" THE ſecond of theſe patients had likewiſe
" previouſly informed me of her condition; that
" ſhe had borne eleven children, and was turned
" of forty, and had never had one labour that

" was

" was not attended with ſome particular diffi-
" culty. Early in the morning of the 18th of
" APRIL, I received a meſſage to attend her; and
" after waiting ſome hours before ſhe had any
" thing of a pain worth noticing; I then examined
" her, and found the *os tincæ* but little dilated,
" callous to the touch, and the head of the child
" above the brim of the *pelvis*; ſhe told me ſhe had
" had ſlight pains at intervals for ſome hours be-
" fore I was ſent for, and that the waters broke
" without any pain, as ſhe was getting into bed
" the preceding night, which I looked upon as
" an unfavourable circumſtance: at this inſtant
" receiving a call, in great haſte, to attend ano-
" ther woman, I gave her twenty drops of the
" *tinctura thebaica* in a cup of tea, and left her
" for the preſent. The next morning, about ſix
" o'clock, I was again ſent for to her, and in-
" formed, that if I did not make haſte ſhe would
" be delivered before I reached the houſe: upon
" coming to her, I found ſhe had had very
" ſtrong pains for two hours paſt, and had
" flooded ſo much, that ſhe was very weak and
" faint;

" faint; which was, indeed, too plain, by the
" paleneſs of her counteance, and the lowneſs
" of her pulſe: I examined her directly, and
" the ſoft parts being completely open, was aſto-
" niſhed to diſcove the face of the child pre-
" ſenting, with the chin turned to the *ſacrum*, the
" forehead to the *pubes*, and ſomewhat elevated;
" the left ear to the right *iſchium*, and the right
" ear to the left *iſchium*. I had ſcarcely made
" my examination when ſhe was taken, which
" determined me to deliver her with the forceps,
" and was juſt about to introduce one blade
" when ſhe was ſeized with convulſions, which
" obliged me to deſiſt; and as the ſymptoms
" were now ſo extremely urgent, fearing any
" farther delay might prove fatal, I reſolved to
" open the head; and placing the woman as
" well as I could on her back, properly ſup-
" ported, acroſs the bed, although the attendants
" pronounced her a dead woman, I deliberately
" proceeded to perforate the *os frontis* with the
" long ſciſſars, and then employed the blunt
" hook for the extraction of the brain; which

" being

" being done, I carefully ſeparated and removed
" the looſe ſharp pieces of bones, that no part
" of the woman might be lacerated as I ex-
" tracted the head; which I firſt ſtrove to do
" with my fingers introduced into the cavity of
" the *cranium:* and ſecondly, by the blunt hook;
" but being foiled in both theſe attempts, I, as
" expeditiouſly as poſſible, applied both blades of
" the crotchets, brought their handles together,
" ſecured them, and made the extraction: the
" woman being the whole time in a fainting fit,
" and convulſed, I immediately after delivered
" the *ſecundines*, bound ligatures round the ex-
" tremities, ſqueezed out a ſponge ſoaked in
" brandy wherein roch allum had been diſſolved,
" in the *uterus*; ſtuffed the *vagina* with tow dip-
" ped in *oxycrate*, and as ſoon as poſſible got
" her to ſwallow half a drachm of *extract of*
" *bark* in an ounce and a half of weak cinnamon
" water, which I continued every three hours
" through the whole day; during which time I
" never left her: in the evening ſhe took a little
" broth, and ſpoke ſenſibly, which ſhe had not

" done before, ſince her delivery; had no more " fainting fits, nor convulſions; and, by the " help of tonic remedies, is now in a fair way " of recovery.

" THE third caſe, which I beg leave to trouble " you with, happened on the 28th of APRIL. " The patient was in her fiftieth year, and had " been eight and forty hours attended by a mid- " wife; the waters were evacuated twelve hours " before I came to her; ſhe was grown faint " and weak, her pains had relaxed ten hours, " and were now ſo entirely gone off, that the " powers of nature were, apparently, inſufficient " to expel the child. On examination, I found " the *os tincæ* largely dilated, the *vertex* advanced " low in the *pelvis*, and confined by the left *os* " *iſchium*; as there was no proſpect of advantage " to be gained by delay, after ordering an emol- " lient clyſter to empty the *rectum* of its con- " tents, I determined upon delivering her with " the forceps; and placing her in a conve- " nient poſition, after lubricating the *perinæum*

" and

" and *vagina*, I proceeded to gently ſtretch the
" parts, by paſſing my hand carefully up by the
" child's head; within ſide this hand, I with the
" other guided one blade, and in the ſame ſlow
" and cautious manner, in a little time, intro-
" duced the other, then locked them, and in the
" extraction imitated in my operation the natural
" progreſſion of the labour pains; by that means
" diſengaging the head from its confinement at
" the *iſchium*, turning the forehead into the hol-
" low of the *ſacrum*, and gently bringing out
" the *occiput* from under the *pubes*; the *perinæum*
" was properly guarded, and I met with no far-
" ther difficulty, The child appeared to have
" been dead ſome hours. Query, Is it not pro-
" bable, that the life of the child might have
" been ſaved could it have received a like aſſiſt-
" ance ſome hours ſooner? On the fourth day
" after delivery, the *lochia* were obſtructed by a vio-
" lent *diarrhœa*, which had attacked the patient on
" the preceding day, and weakened her ſo much,
" that ſhe ſpoke with difficulty, and ſcarcely
" breathed; ſhe had cold, clammy ſweats, and

" was delirious, ſo that her neighbour pro-
" nounced her at the laſt extremity. I applied
" a large *galbanum* plaiſter over the whole *abdo-*
" *men*, and gave her inwardly, as a deobſtruent,
" a ſolution of *aſafætida*, in ſmall cinnamon and
" penny-royal water, and cauſed to be injected
" every four hours, a clyſter of rice water and
" *electuarium e ſcordio*; by which treatment, the
" next morning the *lochia* appeared afreſh, the
" diarrhœa abated, the delirium went off, and,
" except weakneſs, a nervous tremor and ſink-
" ing, (to which, I am informed, when at the
" beſt, ſhe is ſubject) ſhe is now in a fairer
" way of recovery, than ever could have been
" imagined."

THE ANSWER.

" DEAR SIR,

" I AM extremely pleaſed you go on " ſucceſsfully in MIDWIFERY; and have no reaſon " to doubt of its continuance, if you proceed " with the ſame care and circumſpection, as in " the caſes mentioned; which are, indeed, curi- " ous, and well worthy being inſerted in any " collection. In your firſt caſe, the chief diffi- " culty ſeemed to accrue from the large ſize of " the head: deliveries are generally moſt happy, " when the head is proportionable to the *pelvis*. " In the ſecond caſe, where the face preſented, I " ſhould be glad to know if you found it eaſy " to perforate the *os frontis*: and, if you found " the *fontanelle*, and where, and the chin, &c.

" 'twas a caſe of much extremity, and required
" great fortitude. The face preſenting, on ac-
" count of the uneaſy acceſs to the *cranium*, muſt
" make a moſt uncommon and difficult crotchet
" caſe. You certainly acted right, in not uſing
" the forceps on this occaſion; as the ſtimulus pro-
" duced by them, would have been liable to increaſe
" the pain and fits. In the third caſe, the wa-
" ters were only evacuated twelve hours, which
" you know, is not a long time; what went be-
" fore ſerving chiefly to open the *os tincæ*, &c.
" You mention the *vertex* being low here; I beg
" you'll recollect whether you felt the ear, and
" where; as by its relation to the *pubes* and *iſchia*,
" the head's ſituation is determined with certainty;
" what reaſons could you have for believing the
" child to have been dead ſome hours? I ap-
" prove of your delivering the patient with the
" forceps: but, whether, or no, you could have
" ſaved the child by operating ſooner, regards a
" part of MIDWIFERY, not yet cleared up with
" certainty; therefore, I deſire this may be the
" object of your conſideration, when called to
" laborious

" laborious caſes, i. e. to find out, if nature " ſucceeds oftener in delivering children alive, " than we do with the forceps, e. g. two wo- " men conſtructed alike, and agreeing entirely " in their labours; the head of the child en- " gaged in each fifteen or twenty hours; the one " delivered of a living child with the forceps, " the other of a dead one by nature: in this " caſe, the forceps ſeems to have the preference; " a few caſes, relating to this affair, accurately " related, might be of uſe. In the firſt caſe, I " ſhould be glad to know if the *funis* was ſhort; " and remain, &c."

MY REPLY.

" DEAR SIR,

" IN the ſecond caſe, I met with " little difficulty in perforating the *os frontis*, but

" was obliged to uſe ſome ſtrength in opening
" the ſciſſars when introduced up to their reſt.—
" I did not diſcover the *fontanelle*, the chin was to
" the *ſacrum*: in regard to the flooding of this
" patient, I muſt beg leave to refer you to that
" part of my letter which relates to her caſe, and
" it will appear, that the violence of the flood-
" ing, previous to her delivery, was the principal
" cauſe of all the bad ſymptoms which the pa-
" tient then laboured under. I ſhould have told
" you in this caſe, that upon evacuating the
" *uterus*, the *hæmorrhage* continued, which ſo
" much added to the emergency of the caſe, as
" to induce me, by all poſſible means, to re-
" ſtrain the flux. In the third caſe, twelve
" hours, I muſt confeſs, was no very long time
" for the evacuation of the waters; but then, if
" if you pleaſe to remember, how little could
" be expected from the pains: and add to this,
" the exceſſive fatigue which ſhe had undergone
" from the length of her labour; I preſume you
" will readily grant the propriety of the extraor-
" dinary aſſiſtance I had recourſe to: in this
" caſe,

" caſe, one ear was to the *pubes*, and the other
" to the *ſacrum*, with the forehead to the right
" *iſchium*. My reaſons for thinking the child dead
" were ſubſtantially theſe: an evacuation of ill-
" ſmelling *meconium* from the *uterus*; an un-
" common laxity of the bones of the head, and
" a ſeparation of the *cuticle*; beſides a univerſal
" lividity of the whole body when delivered.
" Now ſhould it be granted, that the child was
" alive ten hours before I came in, and had
" been dead but eight of that time, it may rea-
" ſonably follow, that if my aſſiſtance had been
" given eight hours ſooner, as the circum-
" ſtance of the caſe would then have equally in-
" duced me to employ the forceps, the child
" would, at leaſt, have had a better chance of
" being ſaved. You may depend on my making
" the ſubject you propoſed the object of my con-
" ſideration. The *funis* in the firſt caſe mea-
" ſured exactly thirteen inches.

" I am, &c."

THIS was the ſubſtance of my anſwer to the Doctor's Queries; with which he was pleaſed by letter to expreſs his entire ſatisfaction. — When the head is enlarged, and the difficulty, as in the firſt of the above three caſes ariſes from this cauſe; it may be reckoned a fortunate circumſtance, that the pains are eventually ſufficient to effect the entire deſcent of the head, without the aſſiſtance of art. Much of the delay, in this caſe, might alſo proceed from the ſhortneſs of the *funis*.—Dr. BURTON obſerves, that a bad formation, or corruption of the *umbilical chord*, may either kill the child, by not conveying the nouriſhment to it, or may ſeparate the *placenta* from the *uterus*, by being too ſhort, as mentioned by M. LITTRE, Act. Erud. Lipſ. Ann. 1706. where it was not above half its uſual length: and MAURICEAU, obſ. 301. affirms to have found one ſo ſhort (un Tiers d'aune) that the child could not be brought forth without bringing the after-birth at the ſame time. The ſame caſe he met with ſoon after, obſ. 406. but in this laſt, the *chord* was alſo as thick as the child's

child's arm, whoſe belly was quite flat and empty: again, obſ. 549. he delivered another perſon, where the *umbilical chord* was not above one third of the uſual length: and obſ. 612. another had only half the right length: and likewiſe, obſ. 640. one, whoſe *chord* was only half a foot; and he obſerved, this ſhortneſs always occaſioned violent pains to the mother (as in obſ. 662. & 687.) by the length of a tedious birth. It rarely happens that the *funis* is *knotted*, as was the caſe here. RUYSCH, obſ. 11. mentions an inſtance of a *fœtus* being killed by knots on the navel-ſtring. Mr. PETIT Hiſt. Mem. de l'Acad. des Sciences, 1718. relates a caſe; where "the navel ſtring of a human *fœtus* was ſhewn, which had a knot in its middle, and the marks of the parts that formed the knots could be obſerved; which proves, that the knot had been made long before the woman's delivery"; but, as, he does not ſay, whether the child was alive or dead—the danger which children are expoſed to, when the *umbilical chord* is preſſed, or the circulation intercepted by knots on the *funis*, is equally ma-

nifeſt

nifeſt as before.—Dr. SMELLIE, vol. ii. p. 335. mentions the death of a *fœtus*, from a tight drawn knot on the middle of the *funis:* he likewiſe ſpeaks of delivering a live child, where there was a looſe knot on the *funis:* and gives a caſe, in which the *funis*, being nine hands breadth long, had a looſe knot on it, and was twiſted round the neck of the child, which was dead; but does not impute its death to the knot or circumvolution, but to the nature of the labour; which was very lingering, the head being ſqueezed to a great length, and the brain too long compreſſed in a narrow *pelvis*. — DIONIS produces two inſtances of labours being protracted by the bigneſs of the head; in both of which attempts were made to put back the child, turn it, and bring it by the feet: but after the bodies of the children were fetched away, the heads, he ſays, remained behind in the womb, and could not be extracted but with the greateſt violence, which occaſioned the death of both. He further recommends patience in theſe caſes; cautions againſt the uſe of inſtruments, till there are certain ſigns of the child's

child's death; and gives a particular account of a labour of this kind which happened at VERSAILLES.—GIFFARD has publiſhed no leſs than ſixty-eight caſes: in all which, the deliveries were retarded, either from the bulk, or bad poſition of the head: of this number, we find three women delivered of live children by the force of the natural pains; ſix delivered, where the head was ſmall, or the *pelvis* ſufficiently capacious, one of whom only had a dead child: and fifty-nine were delivered by his extractor, forty-nine of which had live children —LA MOTTE, in obſ. 123. & 242, gives two caſes of the extraordinary ſize of the head; in both which he turned the child, and with great difficulty delivered the child: in obſ. 245. he met with a caſe, where the ſize of the head was ſo great that he was obliged to deliver: obſ. 247. & 248. contain two inſtances, where the head was locked in the paſſage, and required leſſening; notwithſtanding which, we find the ſame author adviſing, as the beſt and ſureſt way, in the extreme bigneſs of the head, to paſs the hand into the *uterus* by the

ſide

ſide of the head, and bring out the feet; which is the more ſurprizing, when immediately after, in obſ. 312. we find the difficulty which accrued to him; though he happened to be more ſucceſsful in this practice in obſ. 313. Vide SMELLIE, vol. ii. coll. 27. caſes 1, 2, 3, 4, 5, & 6.—OULD, is of opinion, that if the expulſion be impeded by the diſproportion of the ſize in the head and *pelvis*, or the mother's weakneſs, and not from any diſtortion in the form: and, if there be any reaſon to imagine, that the child is living; or, rather, if there be any certainty of its death; in this caſe, he recommends the forceps, gives ſome hints as to the choice of them, and directions as to their uſe. Vide PUGH, chap. xi. and ASTRUC, chap. ii. Turning the child, to deliver it by the feet, is in this caſe often difficult and dangerous, and ſeldom adviſeable.

DR. SMELLIE, vol. iii. coll. 31. and caſe 2. exhibits an extraordinary inſtance of a face preſentation; ſeveral trials were ineffectually made to bring the child footling; the forceps were alſo

tried

tried in vain, and an endeavour was made to open with the ſciſſars at the *os frontis*, which preſented at the *pubis*; but the bones were ſo thick, that he could not make an opening ſufficient to allow a diſcharge of the *cerebrum*: all theſe different methods failing, he introdueed the two curved crotchets, one on each ſide, which tore open the bones of the *cranium*; then the contents were evacuated, the head was diminiſhed, the *fœtus* was delivered, and the woman, he ſays, afterwards recovered, as if no ſuch difficulty had happened. Another delivery of the ſame kind, in which the face preſented, and the child, like the former, was delivered by the crotchet, follows in caſe 12. And caſe 23. in a letter to the Doctor, from mr. H. dated ESSEX, 1752. we are told, that the face preſented at the lower part of the *pelvis*, the forehead to the right *iſchium*, and the membranes had been broke ſeveral hours before his arrival; he in vain endeavoured to bring the child footling, unſucceſsfully tried the forceps, and, as he could not perforate the bones of the face and forehead, to make an

opening

opening through the parts, he introduced a crotchet above the temporal bone, and at length, after ſix hours fatigue, in trying theſe different ways, he delivered the patient. Vide LA MOTTE, obſ. 115. & 116. In reference to the third caſe preſented to dr. MACKENZIE in my laſt letter, I ſhall quote CHAPMAN, caſe 16. in which the child came right, the head was far advanced and low in the *vagina*; the pains beginning to abate, and the woman being much weakened and fatigued, he introduced the forceps, and ſafely delivered the patient. For laborious caſes, when the *vertex* preſents, and the child's head is low in the *pelvis*. Vide dr. SMELLIE, vol. ii. coll. 24. caſes 1, 2, & 3. and for laborious caſes, when the head of the child is low in the *pelvis*, and delivered with the forceps, vide coll. 25. of the ſame vol. caſes 1, 2, 3, 4, 5, 6, & 7. And for laborious caſes of women, delivered by the forceps, the *vertex* preſenting the ear to the *pubis*, vol. ii. coll. 29. caſes 1, 2, 3, 4, 5, 6, 7, & 8.

CASE

CASE XXXIV.

IN the morning of the ſecond of JANUARY, 1766. I was called to a woman in labour, who had been attended by a midwife, during the two preceding days and nights; the pains were good and ſtrong, and the *os uteri* compleatly dilated, with the membranes entire, but they broke in time of a pain ſoon after I came in; the waters were evacuated, and the face deſcended low down into the *pelvis*, with the chin to the *pubis*: finding this the ſituation, and that the head, notwithſtanding the pains, did not advance, I paſſed my hand cautiouſly into the *pelvis*, and in the remiſſion of them raiſed up the head of the child, ſo as to be able to puſh the ſhoulders above the brim of the *pelvis*; by which means, I was ſo lucky as to alter the poſition of the face, and bring the *fontanelle* to preſent with the face to the *pubes*; and the child was ſoon after born alive, without any further trouble.

CASE XXXV.

A YOUNG woman, big with her firſt child, was taken in labour the third of AUGUST, 1769. ſhe had been attended by a midwife for many hours before my arrival; who informed me, that the child's breech preſented, and that with her utmoſt endeavours, ſhe could not make way for it; the pains were ſtill pretty good, but the waters had elapſed the day before. The face, from its confined ſituation, and the rough handling of the midwife, was ſo exceedingly tumified, that it was hard to diſtinguiſh it; but after ſome time I diſcovered the chin to the *ſacrum*: I endeavoured to change the poſition of the face, and bring down the *vertex* with the face to the *ſacrum*; but it was in vain: and as the ſymptoms were not very preſſing, I was unwilling to em-

ploy

ploy the forceps; I therefore encouraged and ſupported the patient, and waited the iſſue with patience, which proved fortunate; for, in about four hours, the expulſion was effected by nature, and the child born alive; but, never in my life, had I ſeen an infant ſo frightfully diſfigured: the face was horridly black, and much ſwelled; the eyelids inflated, ſcratched, and torn; the eyes themſelves bloodſhot, inflamed, and ſo protuberant, as to appear ready to bolt out of their ſockets; the noſtrils wide enough diſtended to admit the tip of a finger; the upper lip ſwollen, and puffed up; and the lower lip torn, and hanging down on the chin: all which ſerved as an evincing proof of the extreme ignorance, and rough and injurious treatment of the woman midwife; for there is not a caſe in MIDWIFERY, which requires more gentle and tender touching, than a face preſentation: I made a ſuture on the lacerated parts, and by embrocations and warm cataplaſms, in a few days brought the poor child to a nearer reſemblance of the human figure; but the eyes, to this day, retain the appearance of an unnatural pro-

jection. MAURICEAU preſents us with a ſimilar preſentation; where the child's face, when born, was ſo black, and miſ-ſhapen, that, he ſays, it looked like a black-a-moor; and, as ſoon as the mother ſaw it, ſhe told him, that ſhe always feared her child would be ſo monſtrous; becauſe, when ſhe was young with child of it, ſhe fixed her looks very much upon a black-a-moor belonging to the duke of GUISE, who always kept ſeveral of them; wherefore, ſhe wiſhed that, or, at leaſt, cared not, though it died, rather to behold a child ſo diſfigured, as it then appeared; but ſhe ſoon changed her mind, when he ſatisfied her, that this blackneſs was only, becauſe it came faceling, and, that in time, it would wear away; which it accordingly did.— In PORTAL, obſ. 27. we meet with a face preſentation, in which the woman was delivered by the labour pains: and in obſ. 32. the delivery of a monſtrous child, with the face foremoſt; which he accompliſhed with much difficulty, by means of a ſtring, conveyed by his fingers, and fixed below the chin. GIFFARD deſcribes a delivery, where

where the face preſented firſt; it was ſunk low in the *pelvis*, and the birth was effected by the throes of the woman; an eligible concluſion, and which it will be ever beſt to ſubmit to in face caſes, (which of all laborious births, are generally the moſt troubleſome and dangerous) than to have early recourſe to the application of inſtruments; an aſſiſtance, from which the judicious practitioner will ever recede, ſo long as nature can conveniently be truſted.—It will alſo be found both difficult and dangerous to attempt the bringing down the *vertex*, or by turning the child, deliver it by the feet. — DAVENTER, chap. 37. diſplays the manual treatment of infants coming into the paſſage with their faces forward, and makes a difference in the management of an infant offering its face firſt in a womb rightly ſeated, and in one that is oblique; a diſtinction, by the bye, founded rather in theory than practice; but the obliquity of the womb is found one of the moſt favourite topics of that reſpectable writer.

CASE XXXVI.

A LADY, of naturally a weak and tender conſtitution, was taken in labour of her ſecond child the 19th of MAY, 1769. (ſix weeks before the time ſhe expected) with her firſt child; ſhe had been attended by a midwife, who was again ſent for; and after having waited a day and a night, and finding the labour ſlow in its progreſs, the relations uneaſy and diſſatisfied, and the patient diſheartened, and extremely low and weak, I was applied to in the afternoon of the next day; the membranes I found were entire, the head ſituated high in the *pelvis*, and the *os uteri* ſufficiently dilated; ſhe had a ſmall pain, in which the membranes broke, and the head of the child, with the face foremoſt, deſcended into the

the middle of the *pelvis*; after which, for near an hour, no other pain followed, and the weakneſs of the patient ſeemed much to increaſe: in this ſituation, could I have thought that the pains would have come on forcibly enough to have given the *fœtus* a chance of expulſion, I ſhould have done right to have truſted it to nature, or to have endeavoured to reduce it to a *vertex* caſe; but the extreme weakneſs of the patient induced me to puſh up the head, and ſearch for the feet, which I found doubled upon the cheſt of the child, and taking hold of them delivered the legs, and the *pelvis* being well formed, and the child not large, the body and head followed, without much trouble; the child was weak, and lived only two days; but by preſcribing to the mother, remedies to revive her exhauſted ſtrength and ſpirits, ſhe recovered in a much ſhorter time than might have been expected. My ſucceſs in this delivery, may reaſonably be attributed both to the ſmall ſize of the child's head and body, the happy formation of the *pelvis*, and the retention of part of the waters.

CASE XXXVII.

I WAS ſent for on the 6th. of MARCH, 1771, by a midwife, to a ſtrong, hearty woman, who, by a fright, had her labour brought on ſooner than ſhe expected by two months; ſhe had been long, and was, at times, much convulſed. On examination, I found the *os tincæ* widely dilated, the membranes ſound and entire, and the head of the child looſe, above the brim of the *pelvis*; after waiting ſome time, and finding the convulſions increaſe, and little or no pain, I ruptured the membranes, and found the face preſent a little below the brim of the *pelvis*, in rather a lateral direction, with the chin to the *pubis*. I had her placed on her back, and puſhing up the head to the *fundus uteri*, I cautiouſly brought down the legs, and delivered her, with little difficulty,

of

of a live child; the fits ceaſed ſoon after the delivery, and, notwithſtanding the woman was reſtored to her former health, without any particular inconveniency from her lying-in: in two deliveries ſince, ſhe has, in time of labour, been ſubject to convulſions, which have gone off ſoon after the appearance of the *lochia*. Although I was ſucceſsful in the two preceding deliveries, I am very far from recommending turning in face caſes; the propriety of which, as I have obſerved in caſe 35. can be but ſeldom juſtified; and much difficulty and danger will often accrue from extracting the head after the body is delivered; which is obvious in the following examples from dr. SMELLIE; who, in coll. 34. no. 2. caſe vi. has given a face preſentation, with the chin to the right ſide of the *pelvis*; the waters, in this caſe, had been diſcharged many hours; the patient grew weak and fainted, and he endeavoured to deliver her, by bringing the child footling; but, as it was very large, he could not bring out the head, without the greateſt difficulty: caſe vii. is alſo a face preſentation, with the forehead above the *pubis*, and the chin

forced

forced down to the concave part of the *facrum*; by uſing great force the head was puſhed up to the *fundus uteri*, the legs were brought down, and the child delivered as in the former caſe; the face was livid, and exceſſively ſwelled, but theſe went off in a few days. Coll. 35. caſe ix. he mentions the face preſenting; the child brought footling; the abdomen ſwelled, and opened with the ſciſſars; the hips pulled from the body, and this laſt delivered with the crotchets: again, in caſe x. of the ſame collection, the face preſented, the woman was exhauſted by floodings, the *os uteri* was ſnipped with the ſciſſars, and the child brought footling; the woman died on the fourth day.

CASE

CASE XXXVIII.

ON AUGUST the 29th, 1772. in the evening, I was called to a woman who had been in labour ſeveral days, and was attended by a midwife; who not knowing the true ſituation of the child, and finding it could not be protruded by the force of the natural pains, at length, reluctantly conſented to aſk for further aſſiſtance; I found the face preſenting, with the head ſo firmly locked in the *pelvis*, with the chin; however, fortunately below the *pubis*, that it was needleſs to uſe any force, or endeavour to alter its poſition; the waters had broke three days before, ſince which the pains had been very ſharp and ſevere, but were now wholly abated, and the patient was become very weak, faint, and much exhauſted. Upon enquiry,

enquiry, I found ſhe had had no ſtool for the laſt two days of her labour: an emollient clyſter, to empty the rectum of its contents, was therefore adviſed: ſoon after the operation of which, the forceps was the inſtrument I wiſhed to uſe; but the head was ſo cloſely wedged into the *pelvis*, that I feared the woman might be much bruiſed or torn by the application of them; but the ſhock and apprehenſion which I felt at the thoughts of opening the head of the child; more particularly, as no evident marks of its death had appeared, overbalanced all conſiderations to the contrary, and reſolved me on the expedient, to perform the extraction of the child, if poſſible, in the beſt manner I could by their help: the patient being, therefore, placed in a convenient manner, it was the moſt arduous taſk I ever experienced of the kind, to introduce the blades over the ear of the child; which being done, the handles were not locked, and ſecured, without much difficulty; and whilſt one hand was employed in protecting the *perinæum*, by ſlow and gentle degrees, the head was delivered with the other; but not in

leſs

leſs than half an hour, from the complete application of the forceps; the head being delivered, much obſtruction accrued from the breadth of the ſhoulders, which were not brought along, till I had paſſed a finger on each ſide, as far as the *axilla*; and, even then, was obliged to uſe much pulling force before I could thoroughly gain my point: all theſe dangers and difficulties were, however, amply compenſated; for, by the conſideration of having ſaved the poor infant, which was born alive, with the face and head exceedingly black and tumified; but by ſuffering it to bleed freely from the divided *funis* before it was tied, and proper topical applications to the parts affected, the tumour was diſperſed, the blackneſs went off, and both woman and child had a good recovery. I meaſured the length of the child's face, from chin to forehead, which was ſix inches and three quarters; and the breadth of the body, at the ſhoulders, was nine inches and a quarter.

CASE

CASE XXXIX.

Mrs. B. WAS taken in labour of her firſt child in the morning of NOVEMBER the ſixth, 1775. and ſoon after, a midwife, to whom ſhe had previouſly ſpoke, was ſent for; but being from home another was ſought for, and procured, but not till late in the evening of the ſame day; through the latter part of which the woman had made violent efforts, which ſtill continued, and the midwife promiſed to complete the buſineſs in a very little time; but after waiting till ſix the next morning, and the expectations of the woman and attendants being diſappointed, and a general uneaſineſs then prevailing, it was thought neceſſary to ſend for me: and extremely ſurprized I was at the poſition in which I found the patient,

patient, who was ſeated high upon the bed doubled, with one leg over the back of one chair, and the other over the back of another: the midwife was ſeated between her legs, and aſſured me ſhe had been working many hours, to get the child along, but to no purpoſe; her ignorance prevented the reprehenſion ſhe deſerved, and without altering the woman's poſture, on examination, I found the face preſenting, with the chin to the ſide of the *pelvis*, pretty low down, and very much ſwelled. The delivery had been ſufficiently left to the labour pains, which were now grown conſiderably weaker, and the patient was very much exhauſted, wept, and begged to be delivered: upon which, I altered her poſture, deſired that ſhe might lie on her ſide, and, without much difficulty, in that ſituation, introduced the forceps, and fixed them along the ears, got down the chin to the inferior part of the *os iſchium*, gradually brought it out from under the *pubis*, and delivered the head in the moſt deliberate manner, to prevent any injury being done to the *perinæum* and fundament.

The

The child's face was very black, much ſwelled, and disfigured, but by proper remedies came to rights in a few days; the delivery of the *placenta* was accompliſhed in about half an hour after that of the child, and the mother recovered ſurprizingly well. — GIFFARD, caſe 174. gives a face preſentation, in which he aſſiſted in the delivery with his extractor. The face was very black, and much tumified by its lying ſo long preſſed in the paſſage; he ordered it to be fomented with red wine warmed, by which the tumor and blackneſs was, in great meaſure, carried off. CHAPMAN, caſe 49. has a face preſentation, in which the child was forced pretty low, and delivered with the forceps: and again, in caſe 56. he mentions another inſtance of the face preſenting towards the *os pubis*; wherein he made an unſucceſsful attempt with the fillet, and afterwards introduced the forceps, and delivered. — Dr. SMELLIE, coll. 30. deſcribes a caſe of the forehead preſenting with the face to the left ſide, and the *fontanelle* to the right, in which ſituation it had ſtuck for a long time, without making any progreſs:

progreſs: as the *pelvis* was large, he reſolved, if poſſible, to alter the poſition of the head; and ſhould that fail, to bring it footling: but the *uterus* was ſo ſtrongly contracted, as to foil all his attempts, and he, at length, delivered with the forceps: in caſe 2. of the ſame collection, he alſo uſed the forceps when the face preſented: and in the following one of the ſame kind, ſeveral unſucceſsful attempts had been made to raiſe the head up in the *uterus* before he came, and he delivered with the forceps: in the next caſe, he tells us, the child's face was ſo ſwelled, that, at firſt, he took it for the breech; the woman's ſtrength and ſpirits being exhauſted, and the contraction and reſiſtance of the womb too great to turn the child, and bring it by the feet, he introduced the forceps, and delivered the head, which was much tumefied. In the year 1752. the doctor, ſays, he was called to a woman, and found the face preſenting with the chin to the lower part of the *ſacrum*, ſo low down, as to protrude the parts of the woman in form of a tu-

mor; he introduced the forceps, and finding it impracticable to raise the head, was obliged to pull it along in the time of every pain, as it presented, and thus delivered the woman safely of a dead child.

CASES

CASES XL, XLI, and XLII.

COMMUNICATED

IN LETTERS TO THE LATE

DR. COLIN MACKENZIE.

" JANUARY 26, 1766.

" DEAR SIR,

" I TAKE the liberty to acquaint " you of a very particular caſe, now under " my care, which is as follows: on the 15th " inſtant, a young woman, of an adjacent vil- " lage, about the latter end of the ſixth, or be- " ginning of the ſeventh month, in conſequence

" of lifting a great weight, heard ſomething,
" ſuddenly, give a violent ſnap within her; ſhe
" had no pain at that time but the next day
" found herſelf liſtleſs, ſick, inclined to retch,
" and at intervals felt ſlight pains; which conti-
" nuing to the *eighteenth*, and a larger diſcharge
" of blood then enſuing, by the advice of her
" neighbours, ſhe applied to me: upon which, I
" viſited her, and found her reclined on a couch,
" ſick, weak, and coſtive; the pulſe was quick
" and ſmall, and ſhe had grinding pains in her
" back, with an increaſe of the *uterine hæmor-*
" *rhage* upon every little motion: having ob-
" tained her conſent, I touched her, but could
" not find the *os tincæ*. I was informed that ſhe
" had been twice bled ſince her being with child,
" once ſoon after the ſtoppage of her *menſes*, and
" again, about a week before this accident happen-
" ed; ſhe was now too faint and low, to admit of
" that operation being repeated: I therefore ordered
" her reſt, a recumbent poſture, and a light nou-
" riſhing diet, gave her a ſmall draught of the
" tincture of red roſes, with one drachm of *ſyrupus*

" *e me-*

" *e meconio*, and directed a repetition of the ſame
" every ſix hours; for her coſtiveneſs, I preſcri-
" bed an emollient clyſter, compoſed of new milk,
" coarſe ſugar, and ſallad oil, which, as well as
" the draught, was occaſionally repeated till the
" 23d inſtant; when, the *hæmorrhage* ſtill conti-
" nuing to recur, upon the ſlighteſt occaſions,
" I apprized her relations of the danger ſhe was
" in, and propoſed calling in another practi-
" tioner; but as he lived at a great diſtance from
" me, and I was engaged at the time when he
" attended the patient, have not yet ſeen him;
" but underſtand, he bled her, and, with my
" approbation, directed a continuance of the
" draught and clyſter, as occaſion might require;
" which has been complied with, but with little
" ſucceſs, for the patient certainly grows weaker,
" and is more languid: in this critical ſituation,
" I ſhall not fail in my conſtant attendance on
" her, and ſhall acquaint you with the iſſue of
" the caſe: in the mean time, beg to hear your
" ſentiments on the preſent ſtate of it, which
" will give me much ſatisfaction. I have juſt

" now ſeen the patient, and re-examined her,
" but the *os tincæ* ſtill continues to elude my
" ſearch; the flux does not increaſe in quantity,
" yet the pulſe is the ſmalleſt I ever remember to
" have felt; notwithſtanding which, the patient
" is in pretty good ſpirits, and, ſeemingly, ap-
" prehenſive of no danger. I think it very re-
" markable, and extraordinary, that the *os tincæ*
" is not to be found; do you ſuppoſe, that the
" ſeveral ſtages of geſtation are to be aſcertained,
" with exact preciſion, by the examination of
" the *os tincæ*, when it is to be felt? Amongſt the
" many ridiculous and ſuperſtitious notions en-
" tertained by old women, I know of no one
" more abſurd, than that of attributing ſingular
" virtues, as a preſervative againſt drowning, to
" the caul, with which a child is ſaid to be born:
" at a labour, wherein I aſſiſted a few nights
" ago, it was diſcovered, that the child was born
" with a caul, which was taken abundance of
" care of, and preſerved with much ſolemnity.---
" On the ſecond of this month, I received a meſ-
" ſage to attend the wife of a farmer, who was

" ſaid

" ſaid to be very ill of the cholic; but inſtead of
" that diſorder, it turned out to be labour; and
" the child being well advanced, was delivered by
" the natural pains, was ſtrong and healthy, ſoon
" after ſucked, and continued remarkably well.---
" And about a twelvemonth ſince, I attended a
" woman, who had borne ſeveral children before,
" and explained to me, in every particular, her
" reaſons, for believing, that ſhe had exceeded
" her reckoning by, at leaſt, five or ſix weeks;
" ſhe had a more laborious time than uſual, and
" a ſlow getting up. I mention theſe two caſes,
" becauſe the firſt woman had been only married
" eight months, and was unhappy, in not being
" able to account for coming ſooner than ſhe
" expected: and the ſecond, having always
" been remarkable, for making her calculation,
" to almoſt a mathematical degree of certainty:
" and further, becauſe, I would wiſh to know,
" whether, you look upon the term of nine
" months, abſolutely to be depended on; or, at
" beſt, but an uncertain rule."

THE ANSWER.

" DEAR SIR,

" THE caſe under your care is, no " doubt, a diſagreeable one; if a flooding comes " on at any time before the ninth month, it is " dangerous, and one of the moſt alarming ſymp- " toms in MIDWIFERY; it often happens in the " firſt three months, by the ſeparation of the " *placenta* from the *ovum*; but oftener from " frights, falls, blows, &c. even the moſt trivial " thing has brought on a flooding and miſ- " carriage; but at this time is ſeldom mortal; " it often begins in very ſmall quantities; then " upon the woman's lying in an horizontal poſi- " tion, ceaſes for ſome time: and then alternately

" flows

" flows, and ceaſes again; and ſo on, till, at length,
" the *os tincæ* is dilated, and the contents of the
" *uterus* are diſcharged --- repeated bleeding is
" likely to have been prejudicial to your patient,
" and ſhould ever be uſed with caution in a lax
" and weakly habit: it is a practice recommended
" in moſt times of pregnancy; but ſucceeds
" beſt, and is moſt uſeful in complaints that
" border on plethora: the FRENCH are ſo fond of
" it, that they bleed the woman, at all times, even
" when ſhe is in the laſt hour of her time. As no-
" thing interferes more with the MAN MIDWIFE'S
" character, than floodings, ſo nothing ſhould em-
" ploy his care and attention more: and, indeed,
" where they are extremely bad and dangerous, it
" is adviſeable to call in the ſenior practitioner.
" You did very right to apprize the relations of
" the danger, which, in theſe caſes, it is always
" beſt to do, as it ſerves to take off all reflec-
" tion from the MAN MIDWIFE. If you can ſup-
" port the woman's ſtrength, and no violent *hæ-*
" *morrhage* happens, ſhe may do well: as ſhe is al-
" ready ſo much reduced, there is danger of fainting

" fits,

" fits, and her dying, upon the firſt conſiderable
" increaſe of the flooding; nature, however, often
" does ſurprizing things. It is thought the *cer-*
" *vix uteri* contracts ſoon after conception. The
" *os tincæ* is eaſily felt in an unimpregnated
" ſtate, as it alſo is for three or four months after
" conception; though it has, then, quite a diffe-
" rent feel, and becomes ſomewhat ſhorter: for,
" as before pregnancy, it was long and hard,
" now, you'll obſerve, it feels ſmooth and ſoft,
" and covered with a mucus; and it ſhortens in
" proportion to the woman's advancing to the
" period of her term. The time of a woman's
" being gone with child, will be known, with
" ſome degree of certainty, by the feel of the *os*
" *tincæ*; which, if unimpregnated, will be pro-
" minent, feel hard to the touch, and, by preſſing
" on it, will eaſily remove, either upwards or
" laterally, from the finger; at the ſame time, the
" abdomen will be very ſoft: when a woman is
" about two months gone, it will be ſomewhat a
" little ſhortened, not move from the finger, and
" be a little moiſt: when ſhe arrives at about
" four

" four or five months, the *os tincæ* will then be
" conſiderably ſhortened, and, by feeling on each
" ſide of it, a hardneſs may probably be felt:
" but, about the ſixth month, it becomes ſtill
" ſhorter and moiſter: and, about the ſeventh or
" eighth, extremely ſo: in the ninth month, it
" entirely loſes its ſize, and is only to be diſtin-
" guiſhed by a chaſm that is left, around which the
" child may be ſometimes eaſily diſtinguiſhed by
" the touch, and through which the membranes
" may be diſtinctly felt: inſtances have happened,
" though very ſeldom, that the *os tincæ*, at the end
" of the ninth month, has continued long; but,
" even then, it is ſoft and moiſt, and will eaſily
" open: when nothing is to be felt, it is a certain
" ſign, that the labour will be attended with diffi-
" culty; this may, probably, be ſometimes ow-
" ing to a bad formed *pelvis*; but, on the con-
" trary, has happened where the *pelvis* was well
" proportioned. It can't well be accounted for,
" why labour comes on juſt at the end of nine
" ſolar months; that is to ſay, why, at the ex-
" piration of that time, the impelling force be-

" come

" comes naturally ſo great: and why then, the " aſſiſting power accrues; by the aſſiſting power, " I mean the contraction of the abdominal muſ- " cles and *diaphragm*. If a woman goes ten " days beyond her time, ſhe has generally a dif- " ficult one. Authors agree, that the full time " of pregnancy, is nine ſolar months. MAURI- " CEAU is very curious, indeed, in this particu- " lar; and pretends, that a day, more or leſs, " produces ſomething uncommon: in ſupport of " which, he brings many caſes. Women may, " occaſionally, come before, or go beyond, the " uſual period of geſtation. The caul, you " know, is no more than a part of the mem- " branes. I ſhall be obliged to you for the re- " mains of the caſe; and am, &c.

LAMOTTE has two deliveries, where he could exactly reckon the term of nine months; and acknowledges, that it rarely happens, but there are a day or two, more or leſs: again, in chap. 27. of the ſame author, he ſays, the term of nine months is not certain, but only the moſt frequent;

frequent; and thinks, the child may come at its full time, from the beginning of the ſeventh month, to the tenth, twelfth, and even thirteenth: and that it is always born at its full time, when it is able to live, and take the breaſt. Vide his book, obſ. 71, 72, 73, 74, 75, 76, &c."

AN Eſſay on the evil conſequences attending injudicious bleeding in pregnancy, has been lately publiſhed by dr. WALLIS. DIONIS tells us, that goſſiping women are perſuaded, that the children which come into the world with a part of this membrane (which they have denominated the caul) are more fortunate than others. MAURICEAU aſcribes this accident to quick and eaſy labours, and to ſuch women as drop their children, and bring them forth with the greateſt eaſe; for then, ſays he, the child is not obliged by ſtruggling to break the membranes, but brings it off, wreathed about its head, almoſt whole, which it could not do were the paſſage ſtraiter; hence our author concludes, ſuch a de-

livery

livery is equally happy, both for mother and child. Dr. BURTON, p. 12. has given us ſome very uſeful diſtinctions of the *os tincæ*, to be made by touching: and page 109. mentions the danger of not finding the *os tincæ*. SCHURISIUS ſpeaks of a perſon, who miſcarried eleven times, yet, by proper *bleeding*, in her next breeding, brought forth a living child. HIPPOCRATES condemns veneſection in pregnancy, eſpecially if the woman is far gone: and the judicious mr. WHITE, of MANCHESTER, to whom much reſpect is due for his uſeful treatiſe on the management of pregnant and lying-in women, ſays, he is convinced that bleeding is too indiſcrimately uſed, and too often repeated: and, that though it may, on ſome occaſions, give immediate relief; yet, upon the whole, it muſt aggravate the complaints, weaken the patients, and render *them* more liable to putrid diſeaſes; but would not be underſtood to mean, that bleeding is never neceſſary: in ſome habits, he ſays, and in inflammatory diſorders, it certainly is ſo; particularly, if the patient complain of a ſenſe of fulneſs,

pain

pain of the head and back, with a ſtrong full pulſe, and has had a better appetite, and uſed leſs exerciſe, than before her pregnancy; but, even in plethoric caſes, unattended with inflammatory ſymptoms, aſſes milk, Seltzer water, elixir of vitriol, and an active life, anſwer the ſame purpoſe as bleeding; with this advantage, ſays our author, that they will obviate the preſent plethora, without favoring its return; which is a ſtrong objection to frequent bleeding, at the ſame time that they ſtrengthen and brace the ſolids. And a careful obſervance of this opinion may, undoubtedly, be attended with much ſalutary advantage, both in obviating the injuries, which may accrue in the pregnant ſtate, from an injudicious uſe of the lancet, and by proving a proper ſuccedaneum for bleeding, where the patient may entertain a particular averſion to that operation.

THE SUPPLEMENT TO CASE XL.

INCLOSED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

14 Feb. 1766.

" DEAR SIR,

" I CAN now inform you, with " much ſatisfaction, that the patient we treated " of, is in a train of recovery. At the cloſe of " my laſt letter, I told you of the very low con- " dition to which ſhe was reduced, and of " my not being able to find the *os tincæ*, which " equally eluded my ſearch, till the fourth in- " ſtant; when, upon examining the patient, with " the fore finger of my left hand, as ſhe laid

" upon

" upon her right ſide in bed; at the ſame time,
" making a ſmall degree of preſſure with my
" right hand on the *abdomen*, the *os tincæ* ap-
" peared to the touch very high up, moiſt, and
" ſpread to the breadth of a ſhilling. The
" aſtringent medicine, and emollient clyſter, as
" mentioned in my laſt, were occaſionally re-
" peated; but the draining continued at intervals
" till the ſixth inſtant; when the *hæmorrhage* ſud-
" denly increaſing, I was called to her, and now
" found the *os tincæ* lower down, and more open;
" ſhe had ſmall bearing-down pains, with regu-
" lar intermiſſions, of about half an hour. Af-
" ter waiting with her three hours, the mem-
" branes ſuddenly gave way, and the *nates* de-
" ſcended ſo low into the *pelvis*, as to protrude
" the external parts in form of a tumor, and,
" with a little aſſiſtance, ſhe was eaſily delivered
" of a ſmall child, which cried once, and ex-
" pired immediately: ſoon after the flooding
" came on afreſh, and the patient fainted away,
" when paſſing my hand gently up to withdraw
" the *placenta*, I diſcovered the head of another

" child, reſting upon the *pubes*; from whence it " was no ſooner diſlodged, than it followed my " hand, and was almoſt inſtantly delivered; the " *placentæ*, which were ſmall, and joined toge- " ther by an intervening membrane, were " brought forth without much trouble; the " flooding ceaſed, the woman revived ſoon " after the evacuation of the *uterus*, and " every tender and neceſſary care having been " taken of her, her ſtrength and ſpirits are ſo " far recruited, that ſhe is able to ſit up in her " bed, and receive nouriſhment. The head of " the firſt child was a ſize larger than the head of " the ſecond; and, what was very extraordi- " nary, both its feet were turned up, flat and " cloſe to the *tibia* of each leg; to which they " were connected by a ſtrong membranous ſub- " ſtance. It was born alive, but died ſoon af- " terwards."

IT is ſomething remarkable, that in three ſucceeding pregnancies, this patient miſcarried about the end of the fourth month, and has ſince had three children, with whom ſhe went her full time.

CASE

CASE XLIII.

A POOR woman, early in the labour of her firſt child, ſent for a midwife, in the morning of the third of MAY, 1767. the natural pains came gradually on; and in the evening of the ſame day, I was told, becoming ſharper, and more powerful, the membranes broke, and ſuch an uncommon diſcharge of water enſued, as to fill a large chamber pot, beſides what was ſpilt upon her cloaths, and about the room. The pains relaxed, and the waters continued draining away, at times, in great quantities, till four in the afternoon of the next day: in this ſtate of the caſe, I was conſulted; the woman was fatigued, reſtleſs and hot, and much alarmed and terrified at the repreſentations of the midwife, who had given it as her opinion, that the child

could not be born alive, nor at all, without the help of inſtruments; her officiouſneſs, in repeated ſcoopings, for a great length of time, had made the ſoft parts of the woman much inflamed and tumefied; and, ſo tender and ſore, that ſhe could ſcarcely bear to be touched. The *os tincæ* was ſpread about the breadth of a half crown, and at its edges felt as hard as a board; the *vertex* was pretty low down, and preſented to the *os externum*, with the forehead to the *ſacrum*, and the head ſeemed very large: on every motion the water kept draining off, and in time of pain more conſiderably ſo. I never met with an inſtance of ſo much water; and concluded, that the too great quantity of it had, in great meaſure, prevented the contraction of the *uterus*, and thereby leſſened the force of the pains; the woman was thirſty and coſtive: in theſe circumſtances, I thought it proper to put her to bed, inject an emollient clyſter, anoint the *labia pudendi* with *unguentum floris ſambuci*, apply to the parts a cataplaſm of bread and milk, and give her a neutral draught with *ſyrupus e meconio*, to

be

be repeated every three hours; deſired ſhe would indulge herſelf in whatever poſture was moſt agreeable to her, and be kept as ſtill and quiet as poſſible: and further, to prevent any more rough handling, diſmiſſed the midwife, and took the whole charge of the caſe into my own hands: the pains, though weak, recurred at regular intervals, and ſhe reſted moderately between them: in this ſtate, full fourteen hours had elapſed, before I re-examined the *os tincæ*; in which, an agreeable alteration was now effected, for it was much ſofter, and more ſpread; and the head was ſomewhat more advanced, but ſqueezed into a long conical form: in about ten hours after this, the pains became quicker and ſtronger, and the protruſion of the head began to form: upon which, my principal care was the preſervation of the *perinæum*, and the largeneſs of the child's head, as the forehead roſe from under it, rendered it rather a difficult taſk; however, by lubricating it, and making uſe of proper preſſure, it was ſafely protected, and this part of the buſineſs happily accompliſhed, without the leaſt hurt, or lacera-

tion: the *placenta* was eaſily brought out, but had a particularity, which I never before or ſince remember to have obſerved in any one; for part of its external ſurface was vaſcular, and divided into ſmall lobes: and, the other part, of a jelly-like ſubſtance, ſpread with veſicles fill'd with water; the *vertex* was lengthened in form of a ſugar loaf, and meaſured from its apex to the chin, ſeven inches and a quarter; and laterally, from temple to temple, four and a quarter; the child lived, and the mother was ſo well, as to get up in good health in ten days: ſhe afterwards informed me, that from the ſecond month of her being with child, to the time of her labour, ſhe had frequently had diſcharges of water, which differed from that ſhe made by coming away involuntarily.—Mr. JOHN ALEXANDER, of HALIFAX, in YORKSHIRE, in the third volume of Med. Comm. relates the hiſtory of an exceſſive diſcharge of water from the *uterus*, during pregnancy. For the bad effects of the waters, when they are in too great a quantity, vide LA MOTTE, obſ. 309. & 310.—GIFFARD, caſe 186. gives an account of the

bringing

bringing away of ſeveral large ſubſtances, formed from a great number of *hydatides* joined together by a looſe *parenchymatous* ſubſtance. — RUYSCH, obſ. 33. has publiſhed a very remarkable caſe of the *placenta uterina* degenerated into limpid *hydatides*, like a bunch of grapes, which he conceives to be nothing elſe, than the very minute glands of the *placenta* diſtended into watry veſicles; which, as he juſtly obſerves, is a diſorder frequent enough in the liver, kidnies and other glandular parts—the waters may often be too copious, as in the foregoing caſe, and by bearing down too heavily againſt the membranes, may occaſion a premature rupture thereof, and thus occaſion great protraction of the labour: under which circumſtance, ſufficient patience and forbearance, are to be eſteemed as the beſt and ſafeſt means to procure a favorable iſſue.

CASE XLIV.

THE ſubject of the caſe before us, was a poor woman, about three and thirty; ſhe had been ſubject to * ricketty affections in her infancy, and from her make and ſhape, it was eaſy to perceive, that the *pelvis* was not of the beſt conſtruction; which was further confirmed by the report of her two preceding labours; in both of which, the deſtruction of the child had been the unavoidable conſequence: in this her third labour, neceſſity had obliged her to have recourſe to a woman practitioner, who had waited on her three days and nights before I was ſent for, on the 27th of NOVEMBER, 1768. and then by order of a

* It is to be obſerved, that women, who have the misfortune to ſuffer from ricketty affections in their infancy, commonly ſuſtain ſome kind of diſtortion of the *pelvis*; though, every other part, there may not remain the leaſt veſtige of the diſeaſe.

pariſh officer. The *os tincæ* was open to about the breadth of a crown piece, felt hard and rigid; and the *pudenda* were ſwelled and inflamed, by the ungentle handling ſhe had ſuffered from the midwife; the waters had been gone off for many hours, and the *vagina* felt dry and conſtricted; the head preſented with the *vertex* very high in the *pelvis*; and the woman, from the preſſure of the *uterus* upon the neck of the bladder, laboured under a total ſuppreſſion of urine, with a great ſenſe of diſtenſion, for the laſt hour: upon which, I drew away near two quarts of water, with the * female *catheter*; in the application of which, I am always directed by the *clitoris*, which is ſituated immediately under the *pubis*, and affords the ſureſt guide to the introduction of this inſtrument; to alleviate the tumefaction of the parts, I uſed cataplaſms and fomentations; the pains had been ſtrong and forcible, but were now weak

* Dr. JOHNSON, pages 112 & 257, has obliged us, in this caſe, with directions for the poſition of the woman: and alſo, very accurately deſcribed the manner of paſſing the catheter.

and

and trifling; however, with the help of an opiate, and by keeping the patient cool and quiet, I was in hopes, they might again acquire an increaſed force, make a change in the *os uteri*, and cauſe the head to deſcend farther down in the *pelvis*. It was a long time, from the rupture of the membranes, and the make and form of the woman, with the conſideration of the difficulties which had accrued in her two former labours, and the preſent diſagreeable circumſtances which ſhe laboured under, all conſpired to prevent my forming a judgment the moſt favourable to the event; which, however, I had reſolved ſhould depend upon nature, to the utmoſt: I therefore ſummoned up all my patience, and after waiting with her near eight and forty hours; during which time, the periods of the pains recurrence, till within the laſt four hours, had ſeldom been leſs than ten, fifteen, or twenty minutes: the rigidity and ſwelling of the ſoft parts were much relieved by a repetition of the fore-mentioned topical applications; the *os uteri* yielded, tho' by hairs breadths, to the ſlow advances of the head, which worked itſelf down to a moſt

a moſt amazing * elongation: however, I had the great ſatisfaction, by this ſlow, cautious, and deliberate manner of treatment, at length, to ſucceed in the delivery by the effects of the natural pains; the child was alive when born, but very weakly; and the dimenſions of its head, from chin to forehead, were ſix inches and three quarters; but laterally, from temple to temple, ſcarcely three: the mother was a conſiderable time before ſhe recovered her ſtrength; ſoon after which ſhe removed her ſituation to a great diſtance from me; and, in her next pregnancy, I am informed, endured an extraordinary lingering labour, was delivered by the aſſiſtance of the crotchet, and died of the *lochial* fever, ſeven days after her delivery. In the two preceding caſes, as well as ſome others, which will appear in the courſe of this work; the injury, which manifeſtly ariſes from that pernicious cuſtom of ſcooping; a practice, too prevalent with many

* Though the narrow or diſtorted *pelvis* is often the cauſe of a lingering labour: under ſuch circumſtances it is really amazing to think what nature will frequently do when not interrupted in her proceſs, when the *vertex* preſents, and the pains are powerful.

ignorant

ignorant practitioners, ſhews the neceſſity of its ever being rejected, as it never fails to harden and tumefy the *os tincæ*, inflame the contiguous parts, and, without the leaſt advantage, to irritate and fatigue the woman; a miſchief, which ſhould be ever carefully avoided: and ſurely, there is not a time, which requires our greateſt tenderneſs, patience, care, and delicacy, more than in natural parturition.—RUYSCH, obſ. 51. highly reprobates this practice, as conducive of the greateſt danger; and cautions the midwife againſt every rough treatment, which may injure and inflame the *uterus*. Dr. OULD adviſes the motions of the fingers to be performed with the greateſt caution; otherwiſe, he ſays, the edges of the orifice may be torn, which will produce miſerable conſequences; ſuch as, violent pain, inflammation, ulceration, cancer, &c. and recites an inſtance of his being ſent for to a woman, whoſe *after pains*, as ſhe called them, continued much longer, and more violent, than uſual: upon enquiry, he was told, ſhe had a very difficult and tedious labour; and, that the midwife was obliged *to work*

like

like a horſe, as they expreſſed it, before ſhe could deliver her; when the diſcharge of the *lochia* ceaſed, which was ſooner than uſual, by reaſon of her extraordinary pain; it was followed, he ſays, by that of a fetid, ſanious, black *ichor*, which gave him terrible apprehenſions; however, in ſome time, ſhe was cured, by the help of anodyne deterſive injections, and taking ſome few medicines of the hyſterical tribe, by the advice of her phyſician: ſome time after this, he adds, that ſhe conceived, and employed him to lay her; whatever her labour might have been before, it was now very difficult: for, upon examining, he found a large callous *cicatrix* on the orifice, which made him dread the impoſſibility of its ever being ſufficiently dilated, and which did not happen till after four and twenty hours cloſe application; which he obſerves, ſerves to prove, that all the violent ſymptoms, which happened after her labour, were owing to the ignorance of the midwife, by lacerating the orifice of the womb: a moſt dreadful accident, which hap-

pening

pening from whatever cauſe it may, either the preternatural poſition of the child, by too precipitate efforts to dilate it; or, by any other exertions of the ignorant and inexperienced practitioner, is always exceedingly dangerous, and often fatal.

CASE

CASE XLV.

MY attendance to this woman was beſpoke; it was her firſt pregnancy: ſhe had been ſubject to convulſions when young, and in the latter end of the third month of her time, after having for ſome days paſt, complained of a violent head ach, and pain in her ſtomach, was ſeized with an epileptic fit, attended with foamings at her mouth, and ſtrong ſpaſmodic contractions of the whole body: as ſhe was of a plethoric, ſanguine habit, I took away twelve ounces of blood, and in the morning following gave her a laxative draught, ordered her regimen to be cool and diluting, and gave her a nitrous emulſion to take three times a day. On the twentieth day from the firſt attack the fit returned, but was not ſo violent as before; I repeated venæſection, and

the

the next day ventured to give her ſix drachms of *vinum ipecacuanhæ*, which unloaded her ſtomach of a large quantity of dark acrid bile, and ſhe had no return of the fit: her labour began in the afternoon of the nineteenth of SEPTEMBER, 1769. and ſoon after I was ſent for; but being at a great diſtance from home, I did not reach her houſe till midnight, when ſhe told me ſhe had had many very ſharp pains, been very ſick, and ſometimes felt as if her fits were coming, which had frightened her very much; the pains had acquired an increaſed force, and were now very ſtrong: I examined, and found the *os tincæ* pretty largely dilated, and the membranes protruding in form of a bag; in the remiſſions of the pain, I thought the head of the child was the part I touched; but the membranes breaking, was ſoon convinced of my miſtake, both by the touch, and the *meconium* which paſſed with the waters, and plainly diſcovered the preſenting part to be no other than the breech; the natural throes ſtill continuing powerful, the child, notwithſtanding its preternatural ſituation, was very ſoon

delivered,

delivered, with little or no difficulty. The woman herſelf, I found had long entertained an idea of bringing forth twins: and as the *placenta* was retained longer than uſual, by examining the *abdomen* exteriorly, the uterine tumor was eaſily diſcovered not to be ſufficiently diminiſhed: upon which, after lubricating my hand, I paſſed it gently up the *vagina*, and ſoon perceived a ſecond ſet of membranes, and, as I thought, the head of another child; the woman ſuddenly growing faint, and beginning to flood, I a ſecond time introduced my hand, ruptured the membranes, and by my fingers ſlipping into the left *axilla*, found it was the ſhoulder, and not the head that preſented: upon which, without withdrawing my hand, I deliberately ſearched for the feet, obtained them, and thus effected the delivery of the ſecond child; both the children were born alive: the *placentæ*, which were ſoon after delivered, adhered ſo firmly and intimately together, that the veſſels of one cake inoſculated with thoſe of the other; the only inſtance of the kind, which I ever remember to have met with. I left the woman in

a very good condition, and ſhe has ſince had many children, with no extraordinary circumſtance attending the geſtation or birth of either. LA MOTTE's obſ. 220. contains a caſe, in many circumſtances ſimilar to the above. — PORTAL, obſ. 17. has deſcribed a moſt extraordinary caſe of the delivery of a woman, ſeized with epileptic fits, without ſenſe or motion: and another, of the like kind, wherein, with the approbation of two phyſicians, who attended the patient, by immediate delivery, the woman and child were both ſaved: he further adds, that the woman, not long after her recovery, was big with child again, and brought to bed without the aſſiſtance of a midwife; but the third time of her bigneſs, being in labour ſeized with the ſame fits ſhe had in her firſt travail; and the ſurgeon ſent for to deliver her, not daring to attempt the delivery, ſhe periſhed, miſerably, for want of timely help; for, though he was ſent for afterwards, it was too late, both mother and child being dead before he came, either by the violence of the epileptic fits, or by an exceſſive flux of blood,

wherewith ſhe was not afflicted the firſt time of her delivery: he opened the body, he ſays, and found all the internal parts without blemiſh, and therefore attributed her death to the exceſſive evacuation of the blood: he further obſerves, that the bladder being extended by the urine, and preſſing upon the neck of the womb and its inward orifice, obſtructs the free paſſage of the child; beſides, when it is filled with urine, being ſqueezed by the head of the child, it produces moſt violent pains; to prevent which, he adviſes a probe to be paſſed into the bladder, to give paſſage to the urine: inſtances whereof he relates, from his own experience, in the caſes of two gentlewomen: one of which, falling continually into fits, was no ſooner freed from the urine, that had filled and diſtended the bladder, to the quantity of four pounds; but the pain ceaſed, together with the fits, and ſhe was delivered within three hours after; though ſhe died in five hours after that, without recovering her ſenſes: an ulcer, he continues, upon diſſection, was found in her brain, with an infection of the bones. The

other patient feeling exceſſive pains, without any proſpect of a forward labour, he evacuated her bladder by means of a probe; which done, the pains ceaſed in three hours, and in five or ſix pains after procured a happy and eaſy delivery. By theſe obſervations, our author ſeems to infer, that the epileptic affections, he ſpeaks of, aroſe from the irritation brought on by the preternatural fulneſs of the bladder; to evacuate which, a preference over the probe cannot fail to be given to the female catheter; as the epileptic fits in caſe 45. occurred in the earlier part of geſtation, and the above quotations more immediately relate to the times of labour, an apology for their preſent inſertion, would ſeem neceſſary, did they not tend to the main ſubject of demonſtrating, that ſuch complaints are much more to be feared, at or about the time of delivery, than in the firſt months of pregnancy; the treatment of which will be ever found to depend upon the habit of the patient, and muſt be directed according to the particular ſymptoms attending the caſe; for, in this, as well as in many other complaints, were

general

general rules to be laid down, we ſhould (as LA MOTTE very judiciouſly obſerves) be ſometimes forced to overlook them.---Epileptic fits are always extremely dangerous---a poor woman, in the ſeventh month of her pregnancy, from a fright, was attacked with a fit of this kind, in the morning of the ſeventh of MAY, 1777. and ſuppoſed to be in labour; I immediately attended her, and found the *os tincæ* undilated; the patient was ſtiff, and foamed at her mouth; I ordered her extremities to be rubbed with warm cloths, and wrapped up in flannels; which, with the uſe of anodynes, and bleeding, brought her to herſelf, and ſhe completed her full term, without any return of the paroxyſm; her labour was natural, and the *placenta* came away with eaſe. A caſe, ſimilar to the above, has ſince occurred to a gentleman in this neighbourhood; and, notwithſtanding his greateſt care and caution, the patient died, undelivered, of the fits, accompanied with a *uterine hæmorrhage*, in the fifth month of geſtation.

CASE XLVI.

A YOUNG woman, in the fourth month of her pregnancy with her firſt child, was, in the morning of the 15th of JULY, 1767. without being able to aſſign any particular reaſon for the attack, ſuddenly ſeized with convulſions, which held her more than an hour: ſoon after the fit ſhe perceived a ſmall pallid ſanguineous diſcharge from the *vagina*, which alarmed her relations, and haſtened their application to me. The patient was of a nervous habit, had a ſickly countenance; the pulſe was ſmall and feeble, and the body coſtive: I deſired ſhe might be kept eaſy and ſtill, not too hot, and, as much as poſſible, forbear any kind of exerciſe: I preſcribed her a gentle opiate in the evening, and an emollient clyſter; beſides this, I ordered her every

every ſix hours, three ſpoonsful of a *peruvian mixture*, with *ſyrupus limonum*; by theſe means, we prevented any farther appearance of a *uterine flux*, and ſhe remained tolerably well for about three weeks; when, as ſhe was ſitting at work, the fits ſuddenly returned, but not ſo violently as before: and ſoon after the paroxyſm, there was again a ſmall diſcharge of blood from the *vagina*; the opiate, clyſter, and mixture, were now repeated; beſides which, a bliſter was applied *inter ſcapulas*, and, when at any time, very faint or low, ſhe took a ſpoonful of *julepum e moſcho*: in this method we continued ſafe from the fits, through the advanced months, till the full end of her term; when the labour pains came on, accompanied with the fits, to a very ſevere degree: I was immediately called, found her in the midſt of the paroxyſm, with an incipient *hæmorrhage* from the *uterus*; and, upon touching, perceived the *os tincæ* fully dilated, and the feet and breech of the child preſenting: the laſt of which I gently puſhed up, ſecured the feet, and the child being ſmall, accompliſhed the

delivery with very little difficulty; the woman continued weak a conſiderable time, but, at length, recovered: and ſoon after becoming again pregnant, went into a decline, and died of an abortion in the latter part of the fifth month; the child, which I delivered her of, was very weakly, and had a great enlargement of the *ſpinal marrow*, which formed a tumour, about the ſize of a tennis ball; was ſoft, limpid, and, apparently, contained a watery humour; in proportion as the child waſted away, the tumour was obſerved to increaſe in its ſize, and the child died tabid on the eighth day after it was born.—RUYSCH, in his 34th. obſ. deſcribes a tumour in the loins of a *fœtus*, with a *bifid ſpine*; and ſays, that a tumour frequently ariſes in the loins of a *fœtus*, while it is yet an inhabitant of the *uterus*; which tumour is, in ſome meaſure, ſoft, more eſpecially in the middle; and frequently, it is limpid, as if it was an *hydatid*; but, ſometimes, it is found opaque: it is not always, he ſays, the ſame in magnitude, but, ſometimes, equal to the ſize of a walnut, and, ſometimes, as large as a middling

middling turnip: he aſſerts this affection to be a dropſy, and almoſt the ſame diſorder, allowing for the difference of ſituation with that, which in the head of the *fœtus* is commonly called an *hydrocephalus:* for, in the ſame manner, ſays he, as in the head of the infant, before the bones of the *cranium* are united by means of the ſutures, the membranes of the brain and integuments of the head, are frequently expanded, to a great degree, with a quantity of water, ſo as to form a ſoft tumour: in the ſame manner alſo, there is a ſimilar tumour, ſometimes, formed in the back or loins, but ſeldom in the nape of the neck; which, however, he once met with an inſtance of, and preſerved it in his repoſitory: and ſtill more rarely, continues our author, does it happen in the inferior and exterior part of the *os ſacrum*; an inſtance of which, however, follows in his next obſervation; where, nothing more was applied, than a plaiſter, a drying *fotûs*, and a belt. As opening this kind of tumour, in the opinion of himſelf, and of ſurgeons, in general, accelerates the death of the patient: he further adds,

adds, that amongſt all the infants, which he had ſeen afflicted with this diſorder, he never knew one to live ſo long, as in the laſt inſtance; which he imputes to the low ſituation of the diſorder: in obſ. 36. he has likewiſe given us, the hiſtory of a tumour, like the preceding: a *bifid ſpine* in the loins of a young girl, fifteen months old; wherein the contained humours made their way through the integuments, and ,on the ſecond or third day after that, the unhappy object expired. In the month of DECEMBER, 1769. I had a new-born child brought to me with a *ſpina bifida*, ſituated under the *vertebræ lumborum*; I adviſed aſtringent fomentations, to keep the tumour covered with *emplaſtrum ſimplex*, and cautioned the parents, on no account whatever, to ſuffer its being opened; notwithſtanding which, an ignorant old nurſe had the temerity to prick it with a needle, and the child expired, on the fourth day after the water had, by that means, been diſcharged. I have alſo been informed by a gentleman of the profeſſion, whoſe integrity and veracity are unqueſtionable, that, in the courſe of

his

his practice, which has for many years been very extenſive, he met with two children labouring under the complaint of a *bifid ſpine*; the tumour of one was ſmall, and placed in the *vertebræ colli*, broke ſpontaneouſly, and the child died, on the ninth day after, at the age of five months: and, that of the other, in the loins, was very large, and remained unruptured till the child died ſuddenly, about the end of the eleventh month.—With regard to fits coming on with labour pains; whatever is the cauſe of ſpaſmodic ſtricture, it ſeems requiſite, by all means, to haſten the birth; if it can be ſafely conducted, either by turning the child, or delivering it with the forceps, ſhould the head be ſituated in ſuch a manner, as to favour their application. See GIFFARD, caſes 52. 94. 139. & 206.—ASTRUC, chap. 3. has very largely expatiated on convulſions, during labour; and adviſes, as the only efficacious ſtep that can be taken, in that dreadful ſituation, to accelerate delivery; becauſe it is certain, that as ſoon as the child is delivered, the convulſions of the womb ceaſe, or diminiſh,

ſo

ſo far as to give no room to apprehend the mother's life to be in danger; eſpecially, if ſhe cleanſes well. See likewiſe dr. JOHNSON, p. 279. LA MOTTE, obſ. 221, 222, 223, 224, & 225. SMELLIE, vol. ii. coll. 18. no. 5. caſes 1, 2, & 3. and the ſame author, vol. iii. coll. 33. no. 3. caſes 1, 2, 3, & 4. Dr. LEAKE, in his ſixth ſection of Practical Obſervations, has publiſhed no leſs than ſeven caſes of convulſions; and very judiciouſly ſpoken of the nature, and laid down rules for the treatment of ſuch diſtreſſing complaints, both before, and at the time, of labour. See caſes 80, 81, 82, & 83, of this collection.

CASE

CASE XLVII.

DEEMING it improper to recapitulate every particular circumſtance attending the unhappy ſubject of this caſe; I ſhall only obſerve, that in the year 1772. ſhe was committed on the coroner's inqueſt, to take her trial at the next aſſizes, on ſuſpicion of murdering her new-born infant: on whom, as no very extraordinary marks of violence appeared, the experiment of immerſing the lungs in water, was, by ſome perſons, thought neceſſary, and accordingly tried; but, as a fallacious practice, which ought, long ſince, to have been exploded by the faculty, I did not chooſe to reſt, either my opinion or judgment thereon; being fully perſuaded, that the ſinking of the lungs does, by no means, prove, that

that the child was ſtill-born; as it may caſually die in the birth, or be ſtrangled in that ſituation, before ever the air can have entered, ſo as fully to inflate the lungs: and, on the other hand, that their proving bouyant, and ſwimming on the ſurface of the water, is far from being a juſt criterion, to determine the child's having been born alive: and, as a farther authority, to ſupport my opinion, I ſhall tranſcribe the ſentiments of an eminent ſurgeon; who, in reading a lecture upon the lungs, at SURGEONS HALL, took occaſion to deliver himſelf to the following effect.

"AND here, I muſt beg leave, gentlemen, to "take notice of a method, made uſe of by ſome "of the faculty, to aſcertain, whether an infant "is born alive or dead; which is, by opening "the *thorax* of the ſuſpected infant, taking out "the lungs, and caſting them into water; if "they ſink, it is looked upon as a fact, that the "child was ſtill-born; but, if they ſwim, then, "without all doubt, the child was born alive. "The truth of this experience, is founded on

"theſe

" theſe reaſons: all creatures, which come into
" the world alive, muſt breathe; which breath,
" being received into the lungs, muſt neceſſarily
" inflate and puff them up: and, tho' in death,
" it in a great meaſure expires, yet there ſtill re-
" mains as much air in the *veſiculæ*, as to make
" them buoyant in water: on the contrary, when
" ſtill-born, as it is impoſſible, in that ſtate, for
" the lungs to receive air, they muſt, conſe-
" quently, ſubſide and ſink: now this manner of
" reaſoning, however ſpecious it may appear; or,
" whatever authority it may be ſupported by, is
" not ſtrictly true, as I, myſelf, can affirm; ha-
" ving, in the courſe of my practice, had an
" opportunity of trying the foregoing experi-
" ments upon two different births; the one was
" born alive, but died ſoon after; the other
" dead; when behold! the lungs of the former
" ſunk; and thoſe of the other, to our great
" aſtoniſhment, ſwam! theſe, together with many
" other experiments, I have ſince made upon the
" lungs of different animals, convince me, there is
" no dependence, upon what dr. GIBSON looked

" upon

" upon as infallible; for, although it may, ſome-
" times, prove true: upon the whole, it ſhould
" be regarded no otherwiſe, than as a very un-
" certain and precarious proof of the fact in
" queſtion. I make bold, therefore, to recom-
" mend to all the gentlemen who hear me (as a
" thing of the utmoſt conſequence) to take every
" opportunity to explode ſuch a notion out of our
" practice: and, to be particularly careful, to
" caution our pupils againſt giving judgment in
" ſuch caſes; ſince, it may come to paſs, that,
" on ſuch judgment, may depend the lives
" of many poor unhappy women."

THE celebrated DE HAEN, in a chapter on this very ſubject, *De Pulmone innatante aut ſubſidente in aqua*, has very juſtly exploded the erroneous opinion, that has hitherto been but too commonly entertained, concerning this matter. See his *Ratio Medendi*, tom. i. p. 114.

CASE

CASE XLVIII.

IN the morning of OCTOBER 4, 1766. I was ſent for to a young woman, who had been in labour of her firſt child, for the ſpace of three whole days and nights, and was attended by a midwife: upon examining, I found the ſoft parts thoroughly dilated, and the *vertex*, which was eaſily diſtinguiſhable by the *ſutura lambdoidalis* preſenting to the *os externum*, and the chin a little below the great angle of the *ſacrum*; a ſituation, ever fortunately adapted to the application of the forceps, ſhould the contractile force of the *uterus* be found inſufficient to expel the head, or the woman be in any danger, which was eventually the caſe before me; for, after waiting three hours, and perceiving the patient's ſtrength, which had been exhauſted by the num-

berleſs pains ſhe had endured, from the firſt of her labour, to decline, and ſeeing no proſpect of advantage to be gained by delay; having firſt adviſed an emollient clyſter to empty the inteſtines, I reſolved to make uſe of the ſtrait ſhort forceps; but was foiled in my operation by the length of the head, which was longer than the clams of the inſtrument: I, therefore, found myſelf obliged to withdraw it, and have recourſe to the long curved forceps; which, having fixt, it was my principal care to ſupport the *perinæum*, and in the moſt deliberate manner, effect the extraction of the head; uſing the utmoſt caution to incline the handles of theſe forceps, as much poſteriorly as poſſible; a rule, never to be forgotten in their application, leſt, by the extraordinary length of their points, much damage be ſuſtained by the *ſacrum*: thus I delivered the head, preſerved the *perinæum* and *ſacrum*, and conducted the reſt of the delivery, as is uſual in a natural labour. The child was born alive, and not the leaſt mark of the forceps was to be perceived on the head; but, the mother, by

catching

catching cold, was ſeized on the third day after her delivery, with a violent and exceeding ſtrong ſhivering fit, ſucceeded by a fever; the pulſe was quick and full; the ſkin very hot and dry; ſhe had an inſatiable thirſt; complained of weight and uneaſineſs in the belly, and exquiſite tenderneſs over the whole hypogaſtric region; the breaſts were flaccid, and there was a total ſuppreſſion of the *lochia*. I took away eight ounces of blood, and afterwards gave her a laxative draught of *ol. ricini*, *magneſia* and *manna*, diſſolved in *aq. hyſſopii*, which gently operated by ſtool; and, for ſome hours after, ſhe appeared much relieved; but ſoon afterwards relapſed, and complained of great thirſt and heat, with pain and tenſion in her belly: I now adminiſtered the *tartar emetic* in ſmall doſes: recommended diluting liquors; and bladders, half filled with warm water, wrapped in flannels, were applied to the *abdomen* and ſoles of her feet; but to no effect; for, ſhe had now, a wild, diſtreſſed, eager countenance; a tremulous ſinking pulſe; a univerſal tremor of the whole body; a fixed

crimſon appeared on her cheeks; her lips were livid; the noſtrils emitted an ichorous fetid diſcharge: appeared tenſe and expanded; ſhe became delirious; was convulſed; had cold ſweats and the hiccup: and, notwithſtanding every care and attention, died on the fifth day from the firſt attack, and the eighth from delivery: this caſe ſoon after it happened, was communicated to dr. MACKENZIE, who, in his anſwer to my letter, approved of the application of the long curved forceps, as the ſtrait ſhort ones were found unequal to the buſineſs; cautions againſt the haſty uſe of them, confines it to the head, when low advanced in the *pelvis*; and gives an inſtance, of a woman, who he was informed, by receiving a blow, fell into labour, and continued ſo for two days and nights, and then died; from which he infers, that, as the head was low down in the *pelvis*, it was an unpardonable omiſſion, not to have tried the forceps; as, in all probability, the life of the woman might, by that means, have been preſerved: the forceps, he adds, is always preferable to the fillet, and generally ſuc-

ceeds

eeds beſt, after the woman has had one child; he death of the woman he attributes to the *lochial* ever; which, there is every probability to ſup- oſe, was the immediate effect of an obſtructed erſpiration from her taking cold. As it is my eneral method, to venture upon the uſe of ſome axative medicine, on the ſecond or third day, at artheſt, after the delivery; particularly, where ne habit is ſtrong, and the child is not intended o ſuck the mother; I ſhall take the liberty of uoting the approbation of dr. LEAKE, for this ractice; and give it in his own words, as fol- ow — "Some, he ſays, are ſo timorous, that ey will not venture to give *laxatives*, till the urth or fifth day after the delivery, leſt they ould check the *lochial diſcharge*, or bring on a ngerous purging; but theſe, he affirms, to be nneceſſary cautions, as he never knew the *lochia* terrupted, nor any *diarrhœa* brought on by eir ſeaſonable and proper uſe; but that, on e contrary, the laſt will often ſuddenly happen, hen the body is ſuffered to remain too long coſ- e, in conſequence of the inteſtines being over

diſtended with the indurated fæces, which create pain, and ſtimulate them to expel their contents: and, he further adds, that the more the body is kept cool and temperate by a ſolutive regimen, the better chance the patient will have to avoid a fever, and the more regularly will all the natural ſecretions and excretions be carried off."

IT is to be obſerved, that the milk in this patient, went totally off on the third day after ſhe was attacked, and never appeared afterwards. In caſes of recovery from the puerperal fever, the milk which diſappeared at the beginning of the diſorder, uſually returns again; by which means, the patient is much relieved.

CASE

CASE XLIX.

THE eighth of OCTOBER, 1766. I was called to attend a woman, whoſe child's head had been delivered two hours, without the midwife's being able to deliver the ſhoulders: in which ſituation, at my arrival, I found both mother and child; and underſtood, that for ſome days before, fœtid waters had been diſcharged from the *vagina*, and the labour had been very ſlow and lingering till the very laſt, when the head was puſhed forward by ſtrong pains, and there remained; notwithſtanding the efforts of the woman had ſtill continued to force with ſome violence, but were now became languid, and the woman was faint and much dejected; the *pericranium* peeled off to the touch, and the head was in ſo putrified a ſtate, as to ſmell very offenſively; in order to extricate the ſhoulders,

I endeavoured to introduce a finger on each ſide of them, as far as the *axilla*; which, after ſome difficulty, was effected, but, to no purpoſe; for the ſhoulders continued immoveable, notwithſtanding the moſt violent and extraordinary pains, and, in vain were my efforts to bring them forward, till I had recourſe to the blunt hook; by the aſſiſtance of which, they were alternately brought down, and delivered: the hips made ſome reſiſtance, and the *placenta*, which ſoon after came away, was exceeding large; being, in diameter, almoſt eight inches, and two inches thick; beſides which, between the ramifications of its veſſels, it was, in ſome parts, cornuous; and, in others, perfectly cartilaginous; which extraordinary conformation might, probably, in ſome meaſure, obſtruct the vital circulation of the *fœtus*, and occaſion its death: the head of this child, although enlarged by putrefaction, was not of an uncommon ſize; but, the breadth of its body, at the ſhoulders, from whence proceeded the principal difficulty, was nearly eight inches, and a quarter; and, at the breech, it meaſured between ſeven

and

and eight inches. The woman was eaſy after delivery, reſted well at night, and, at the end of the month, was perfectly recovered; ſhe had, before, borne two children, which were both very large and healthy. To account for the poſſibility of the ſhoulders of this width, being delivered as they were; it may be neceſſary to conſider, the great compreſſion, which they are capable of ſuſtaining, by which means their paſſage is facilitated.—MAURICEAU has a moſt remarkable, and extraordinary caſe of this kind, which happened to him whilſt he practiſed MIDWIFERY in the Hotel de Dieu, in the year 1660. Vide lib. ii. p. 198.—GIFFARD, in caſe 150. relates the very great difficulty, which occurred to him from the largeneſs of the ſhoulders, after the head had been brought forward, and delivered by means of his extractor: the child, he ſays, was born alive; but, about two hours after, was ſeized with a convulſion fit, in which it died: and, caſe 183. of the ſame author, contains the relation of a ſimilar difficulty, in which the child was born alive, and did well. — LA MOTTE ſpeaks of a delivery

of

of this kind, as one of the moſt difficult which can poſſibly happen; and gives a caution againſt too much force being made uſe of, for fear of ſeparating the head from the body; as happened in the caſe above quoted from MAURICEAU. Vide LA MOTTE, obſ. 122. 314. & 316. and, dr. BURTON, obſ. 8. who alſo obſerves, that the head, taking it from the *os frontis* to the *occiput*, is bigger, in general, than the ſhoulders; from which, he infers, that the dilatation made by the head, will more than ſuffice to give a paſſage to the ſhoulders: which, from their pliable texture, he adds, will readily ſhape themſelves to that cylindrical cavity, the *true pelvis:* and herein, our author argues mechanically right, ſo far as regards a juſt and happy proportion of the *fœtus* and *pelvis*; but, when the dimenſions of the ſhoulders exceed thoſe of the head; as, in the caſe wherein I was engaged, it will be readily granted, that the dilatation occaſioned by the delivery of the head, will have little or no effect in facilitating the paſſage of the ſhoulders; which muſt neceſſarily become the work of either the fingers or blunt hook.

CASE

CASE L.

THE following caſe occurred to me the 22d of NOVEMBER, 1766. A young woman, in the workhouſe of EAST PECKHAM, in this county, had been in ſtrong labour for four days and nights; the waters were evacuated in the morning of the ſecond day: a midwife was in waiting from the beginning; and finding, as ſhe expreſſed it, that the child came wrong, had frequently endeavoured to turn, and deliver it; tho', I could not learn, that her knowledge of its ſituation, entitled her to any ſuch hope or expectation; at length, the pains had entirely ceaſed, the poor woman's ſtrength was exhauſted, and ſhe was become ſo very low and weak, as to make the danger of her caſe obvious to every one preſent. In this critical ſituation of things, a meſſage was

diſpatched

diſpatched for me; but, a few minutes before my arrival, I was informed, that the patient had been ſeized with floodings and convulſions, and before I could well reach the chamber, ſhe expired; I immediately examined, and found the child lying tranſverſely, and preſenting with the *thorax*. The probability of the child's being ſtill alive, and all reſiſtance of the parts being over, by the death of its mother, I introduced my hand into the *uterus*, in ſearch of the feet, which I ſoon obtained, and delivered the child with no great difficulty; it appeared very livid, made a faint noiſe, gave one gaſp, and died in about a minute after its birth. It gave me the moſt ſenſible pain, to reflect on the great neglect, of not employing proper manual aſſiſtance, in due time; as there is no doubt, but had that been the caſe, both mother and child might have been ſaved: for it is to be remembered, that, in all tranſverſe poſitions of the *fœtus*, it is impoſſible, that it ſhould receive any favourable advantage from the force of the pain; and, without neceſſary aſſiſtance, both parent and

child

child muſt unfortunately periſh. It is much to be lamented, that the management of ſuch important labours, ſhould often fall into the hands of the uninſtructed and perverſe female practitioner; by which means, the moſt deſirable opportunity of relief and aſſiſtance, is for ever fatally loſt; and, if not, perhaps, when the accoucheur arrives, he finds the waters have been too long evacuated; by which means, the *uterus* is ſtrongly contracted, and the operation of turning thereby become a taſk of much difficulty to himſelf, and more perilous to his patient, than if he had been called ſooner: it muſt be allowed, that the method of delivering by the feet, is the firſt of all modern improvements in the art of MIDWIFERY, and to which we owe the preſervation of many lives; which, by the ancient practice of bringing the head to a natural preſentation, muſt often have been inevitably loſt. The neceſſity of giving the child a chance for life, whenever called upon in ſuch a deplorable caſe, as I have above deſcribed, by a ſpeedy delivery, is ſelf-evident; as children have been often

known

known to ſurvive in *utero* for ſome time after the death of the mother: and, in ſupport of this argument, I ſhall ſelect the following obſervations and facts, from many others, which may be found in authors of equal reſpect and authenticity; and, which may be alſo proved from the operation of the *Cæſarian* ſection, ſome time after the death of the mother; and children have been taken out alive, who have long ſurvived.—MAURICEAU, obſ. 315. ſaw a live child taken out of its dead mother, a fortnight before the end of her reckoning. — SCHENKIUS, Obſ. Med. lib. iv. de Partu, obſ. 14. relates the caſe of a woman, who died about five o'clock in the afternoon, and at three o' clock next morning, the by-ſtanders heard a great crack, when a child was born dead: he alſo adds, that it had two fore teeth. — HARVEY de Generatione Animal. mentions a child being born ſome hours after death.—IDO WOLFIUS, Obſ. Chirurg. Medic. lib. i. obſ. 41. gives an account of a woman, who died in labour, in JULY, 1667. ſix hours after whoſe death, the huſband perceiving a motion in the

he *abdomen*, called others to ſee it, and would have had the *Cæſarian* operation performed, but was hindered by them; however, a child was brought forth dead, eighteen hours after the woman's deceaſe.—GEORGIUS DETHALDINGIUS, M. N. C. DEC. 3. ann. 7. & 8. Append. p. 77. ſpeaks of an healthy child that was born half an hour after the woman's deceaſe.—HORATIUS AUGENIUS de Miſſ. Sanguin. lib. 5. Epiſt. 2. cap. 11. lib. 6. cap. 15. fol. m. 184. ſays, he ſaw a living child taken out of its dead mother, who died of an ulcer in the womb; ſhe had been twenty days without meat or drink, having vomited up every thing ſhe took immediately.—JOHANNES DOLÆUS, M. N. C. DEC. 11. ann. 5. obſ. 187. deſcribes the caſe of a woman, eight months gone with child, who died of a fever the next day: and, the day following, the by-ſtanders obſerved the child to move for twelve hours; but, as there was no phyſician or ſurgeon to aſſiſt, it was left there: the ſame author alſo ſays, that he ſaw another child move in the belly of a woman, who died the day before of an apoplexy.—CORN.

STALPAST

STALPAST VANDER WIELL, Obſ. rar. Centur. Poſter. Obſ. 32 Schol. p. 355. and PETRUS STALPART Diſſert. de Fœt. Nutrit. p. 45. both join in the following wonderful relation: that at the ſiege of BERGEN OP ZOOM (not the laſt) a ſoldier's wife, near her time, was getting ſome water, and was cut in two by a cannon ball; inſomuch, that the child, in its membranes, fell into the water; where it continued ſome time, and then was found by a ſoldier; who, obſerving ſomething to move, took it up: the child, by order of the Cordua, was taken out of the membranes, and was chriſtened ALBERTUS AMBROSIUS.—EHREN FR. HAGENDOM. Hiſt. Med. Phyſ. Cent. 3. Hiſt. 13. mentions a perſon, who died in labour on JANUARY 12, 1683. and ſome hours after, a living child was born, and was baptized. VESLINGIUS, Obſ. Anatom. 7. ſays, a woman died on the 6th of JANUARY, 1633. of an epilepſy; and, on the 8th, a child was born:---HARVEY in his work de Generat. Anim. and MATTHAEUS in his Quæſt. Medic. 4. both affirm their having ſeen a living child, that was born ſome hours after

after the mother's death: the former of the laſt mentioned writers aſſerts, that, when the mother was even extinct, and almoſt ſtiff with cold, he had often found the umbilical arteries beating, and the *fœtus* vigorous and ſtrong: he alſo denies the *anaſtamoſis* of the veſſels between the *placenta* and *uterus*; in which opinion, I find many of our modern writers accord: and dr. BURTON, in particular, when ſpeaking upon this topic, refers to many of the above authors, and aſſerts, that, as the circulation of the blood, both in the mother and child, depends upon their own hearts and veſſels, the one can live, though the other die: in proof of which doctrine, the reader is referred to his book of MIDWIFERY, p. 26. 29. & 30. — Dr. LEAKE is very curious upon this matter, and ſays, if we may compare vegetables with animals, it ſeems moſt likely, that the child in the womb is, at firſt, nouriſhed by the ſame abſorbent powers, as roots in the earth; or, like *paraſite* plants, which draw their nouriſhment from the body into which they are inſerted, according to PARSONS's analogy between the pro-

pagation of animals and vegetables: perhaps, continues our author, it may alſo be a probable conjecture, that the *uterine* veſſels, which enter the cellular ſubſtances of the *placenta*, may there depoſit a nutritious lymph, which is afterwards abſorbed by the extreme branches of the *umbilical* vein, for the ſervice of the *fœtus*: from this reaſoning, drawn from the ſtructure of the parts; a circumſtance, he obſerves, which has often appeared unaccountable, becauſe it was imperfectly underſtood, will become more obvious and plain, viz. WHY THE CHILD MAY SURVIVE *in utero* for a conſiderable time, and without being deprived of blood, although the mother is almoſt exhauſted, and brought to the hour of death, by a profuſe diſcharge of that fluid; for the blood, in flooding caſes, is immediately diſcharged from *thoſe very veſſels which ſpring from the uterus*, and enter into the cellular ſubſtance of the *placenta*, and not from the extreme branches of the *funis umbilicalis*; *the firſt being parts peculiar to the uterus, the laſt proper to the child*: our author further remarks, that a *new-*

born

born child will live, for many hours after the birth, without nouriſhment; for it then exiſts by a circulation of its own, and being replete with blood and juices, ſtands in no immediate need of an additional ſupply: in like manner it will continue alive for a given time *in utero*, when cut off from all communication with the mother; that is, after an entire ſeparation of the *placenta*; but, although it there receives no red blood, it muſt neceſſarily languiſh and die, at laſt, from the want of lymph, or, that nutritious ſomething, which is eſſential to life; like a tender plant, which cannot long ſubſiſt without the uſe of water, or refreſhing ſhowers.—In the Miſcell. Natur. curioſ. may be found ſeveral inſtances of women dying gravid, who were afterwards delivered of living children. HORSTIUS likewiſe has publiſhed a hiſtory of this kind; and RAYNAUD, in his book De Ortu Infantum contra Naturam, is full of ſuch marvellous ſtories: HOFFMAN alſo attempts ſeriouſly to account for ſuch extraordinary births by the expanſion of putrid air.

CASE LI.

IN FEBRUARY, 1773. I was ſent for to a perſon, about two o'clock in the morning, who had been many hours in ſtrong labour, having had the membranes broke in the beginning: upon touching her, I found the ſoft parts not conſiderably dilated; but by feeling the lumbral ſpine, diſcovered that the child was tranſverſely ſituated, and preſented with the back; the pains, from having been violent and ſevere, were now become weak and feeble, and the woman appeared very low, and much diſheartened, thro' the perſuaſion of the child's death; which, for ſome time, had been the general opinion of her attendants, although there was no one ſymptom to ſupport it. The patient being placed in a convenient poſture, I paſſed my hand, well lubricated,

bricated, along the *ſacrum* of the child round the *nates* to the poſterior ſide of the thighs, till I reached the feet, brought them down; and the child not being very large, finiſhed the delivery, as is uſual in preternatural preſentations: the child, contrary to all expectation, was born alive, and no uncommon circumſtance attended the delivery of the *placenta*; the recovery of this patient was as remarkably good, as her caſe had proved preternaturally bad; for, on the eighth day after her delivery, ſhe was able to carry a baſket of butter, on horſeback, to a market ſome miles from her reſidence: it is ſomething extraordinary, that this woman has ſince had two children; one of which offered with the breech, and was delivered by the natural pains; and the other, with the knees, which required the aſſiſtance of the hand.---MAURICEAU obſerves, that if it be the back which preſents, it is impoſſible the child ſhould be born in that poſture, what pains ſo ever the mother endures; and beſides, the child having the body folded inwards, and almoſt double, its breaſt and belly are ſo preſſed

together, that it uſually wants little of being ſuffocated; to avoid which, he recommends it to the ſurgeon, to quickly ſlide his hand along the back towards the inferior parts, until he meets the feet, and to bring it forth the ſame way, as if it came footling.---DIONIS, ſpeaking of the child in this ſituation, ſays, each effort that the mother makes, bends it: and the parts contained in the *thorax* and *abdomen*, are ſo compreſſed, that, if the child remains long in this ſtate, it is in danger of being ſuffocated; and directs the hand of the ſurgeon to be employed in ſearch of the feet.---DAVENTER, p. 216. obſerves, it is not ſo rare or ſeldom, that infants come with their back forwards into the paſſage, as with the belly; for a prone bending, i. e. with the face downwards, is natural; but a ſupine, i. e. with the face upwards, is troubleſome to the infant: whence, continues our author, moſt infants offer themſelves bent, more or leſs, with their face downwards: he alſo adds many uſeful directions concerning the delivery of the child, when thus ſituated; to which the reader is referred.

red.---Dr. OULD deſcribes a child thus ſituated, to be in great danger of ſuffocation, if not ſpeedily brought forth; as the mother's forcing doubles its belly, breaſt and chin together, in ſuch a manner, that it cannot poſſibly endure it long.---Dr. PUGH is of the ſame opinion; and p. 105. gives ſome uſeful inſtructions for the management of the child in its delivery, when thus circumſtanced. GIFFARD ſpeaks of a delivery, where the child preſented with the middle of the back: the woman was in labour, he tells us, of a poſthumous child; he had delivered her of a former child, which preſented its head firſt: as ſoon as he came, he paſſed two fingers into the *vagina*, but could not feel any part of the child; from whence, he concluded, it muſt lie in a wrong poſture for the birth: the membranes were not broke, and the *os internum* wide enough to admit his hand; whereupon he broke the membranes, and diſcovered the child lying acroſs the *uterus*, with the middle of the back towards the *os internum*; he firſt met with a hand, and afterwards with a leg and foot, which he drew out; and then, repaſſing

his hand, brought down the other, and joining them together, took hold of both, with a ſoft cloth, and delivered the child to the ſhoulders; but the head ſticking between the bones of the *pelvis*, to enlarge the paſſage, he firſt brought down one arm, and afterwards the other; but did not deliver the head without much difficulty: he was apprehenſive the child would not be born alive: but, to the ſurprize of all that were preſent, it was: and the *placenta* being wholly diſengaged from the *uterus*, and, in part protruding through the *os internum*, it was brought away with eaſe: he remarks the advantage of being early ſent for before the membranes break; the waters paſs off; or, the womb collapſes and contracts about the child: and, that when the contrary happens to be the caſe, the great difficulty, which muſt conſequently accrue to the operator; which, in many caſes, he very juſtly attributes to the ignorance, or ſelf-ſufficiency of the midwife; who, either not knowing how to behave in ſuch a difficult caſe; or, fearing ſhe might ſuffer in her character, ſhould ſhe de-

ſire

ſire aſſiſtance, puts off the calling in of a MAN-MIDWIFE to the laſt extremity; ſo, that thus the mother and child too often become victims to her negligence or ignorance.---LA MOTTE ſpeaking of the child's preſenting with the back or belly, obſerves, that theſe parts are not flexible enough to preſent in ſo narrow a part, as the entrance of the *vagina*, without the ſpine of the back breaking; or, without the ligaments and marrow of the ſpine being ſo extended, as to kill the child, if it preſents with the back: In obſ. 279. he relates a caſe, where being ſent for to a woman, who had been in labour for ſeveral days together, and whoſe waters had come away at night, without the midwife being able to find the child: he found the pains much abated when he came, and finding that the child preſented with the back, conducted his hand along the ſpine to the hinder part of the head; but that not being what he ſought after, he went the oppoſite way; where he found the buttocks, the thighs, legs and feet; which laſt he joined together, and effected the delivery in leſs than four minutes, and left the mo-

ther

ther and child in good health.---Dr. ASTRUC, in treating of labours, in which the child preſents with its back, imputes this bad poſture to the child's head, which in turning for birth, paſſes beyond the mouth of the womb, and, by that means, the back places itſelf there; or, when the child has not turned at all, but falls down on its back, he remarks, the great importance of an early knowledge, that the child is thus ſituated: and ſays, it may be known from finding nothing at the mouth of the womb, but a bag full of water, in which, ſometimes, the navel ſtring is felt: and, from feeling the ſpine of the back, by advancing the finger forwards, he adviſes this bad poſture to be remedied as ſoon as poſſible; as well, becauſe that other ways the womb, in contracting, embraces the child ſo cloſely, that it cannot be turned, as from the fear that the child ſhould be loſt, through the compreſſion of its head and breaſt in this poſition; ſo, that as ſoon as it is certain the child preſents in this manner, the membranes are to be ruptured; the waters diſcharged; and the child turned, and deli-

vered

vered by the feet: after ſome further directions on this head, he recommends the practitioner to be attentive to three eſſential points; 1ſt. to be aſſured, before he haſtens the delivery, that both feet belongs to the ſame child: 2dly. to turn the child with its face downwards, in caſe it was otherwiſe ſituated: and laſtly; to perform theſe operations within the membranes of the child, which ſerve for to defend the womb, as well as to facilitate the motion of the child from their ſmoothneſs and lubricity. Vide PORTAL's obſ. 69, & 72. Preſentations of this kind very rarely occur; and, when they do, it is next to impoſſible, that the child ſhould deſcend below the brim of the *pelvis*; when the waters are not evacuated, the child, in general, will be eaſily turned, with much leſs difficulty, in this poſture, than in many other preternatural ones; but, when the waters have been long evacuated, and the *uterus* is contracted about the child, great embarraſſments muſt neceſſarily enſue.---Dr. BURTON adviſes the operator, when the middle of the back preſents, to introduce his hand acroſs the child,

over

over its belly, and, by taking hold of the farther knee, to turn the child half round, as it were, upon an *axis*, the head of which may be to go out at the head and *anus*; and then he will have both legs ready to take hold of, and bring the child away: he alſo adviſes, to reach the farther knee, to avoid either diſlocating or breaking the *os femoris*, &c. --- And here the Doctor might have added, a caution to the operator, leſt, in caſe of twins, a leg of each child, be miſtaken for the legs of one: and farther obſerved, that the force required is not ſo great here, as when it is requiſite to turn the child lengthways.

CASES

CASES LII, and LIII.

MAURICEAU has publiſhed inſtances of ſeveral women, who took themſelves to be with child, for whole years together, and ſtill expected to bring forth.---And DIONIS ſays, he has met with ſome women, who would not be put out of that conceit; but took wind, which they felt in their bellies, for the ſtirrings of a child: that, he has ſeen a great many ſuits of rich bed cloaths made by women, who earneſtly longed for children, and therefore would not ſuffer any one to tell them, they were not with child; but, at laſt, vaniſhed in ſmoke: the ſame author remarks, that thoſe women, are moſt ſubject to theſe falſe big bellies, from the thirty-fifth to the fortieth year of their age, becauſe they then begin to have their courſes irregularly, and, either

the

the too great quantity, or, the badneſs of the blood, is the reaſon of this diſorder: and, if the ſurgeon will take the trouble to put the proper queſtions, he will readily find, that the irregularity of the *menſes* is the principal cauſe of it: and farther aſſerts, that he has had opportunities to obſerve, that almoſt all thoſe women, who fancied themſelves to be with child, but were really not ſo, were about the age now mentioned; and, as proofs to corroborate this obſervation, I am enabled, from my own practice, to advance two remarkable inſtances: the firſt of which, was a ſingle woman, who, a few years before, had been really pregnant, and who, at the full time of geſtation, was delivered of a child; ſhe was now arrived at her thirty-fifth year, and, for two years before, the menſtrual flux had been very irregular, and having totally diſappeared for three months; ſhe concluded herſelf to be with child, and was the more confirmed in this opinion, by not only the ſevere ſickneſs and loathing which attended her, but, by the tumefaction and tenſion of her breaſts, as well as other ſymptoms,

toms, which uſually attend breeding; ſhe was inclined to a full ſanguine habit, grew viſibly larger; and, about the time when her labour was expected, one evening in AUGUST, 1768. ſoon after ſhe was a-bed, was taken with pains in her back and loins; which, believing to be real labour pains, a midwife was ſent for, who gave her very hearty aſſurances of matters being quite right, and, that there was every reaſon to think of a ſafe and ſpeedy delivery; but much time having paſſed to no purpoſe, her judgment become a little ſuſpected; the attendants began to be clamorous; and it was concluded on, by the woman's relations, that I ſhould be conſulted: accordingly I went to the houſe, and found the patient hot, reſtleſs, uneaſy, and thirſty; complaining of a *teneſmus*, and great pain in the region of the *pubes*: ſhe told me, that ſhe had all the ſymptoms of being pregnant; that ſhe had been very coſtive for ſeveral days paſt; and, that her pain and uneaſineſs was generally moſt violent towards the evening, and in the night; and, that ſhe often felt the child

move:

move: on examination, I found the *os tincæ* to be very ſhort and ſucculent, but cloſe ſhut; and therefore pronounced her pains to be of the ſpurious kind, took away eight ounces of blood, and ordered her an emollient clyſter immediately; and, in the evening, upon viſiting her again, found, that ſhe was cooler, and much more eaſy, than ſhe had been: in which ſtate ſhe continued two days and nights; but on the third, the pains recurring in a trifling irregular manner, I was deſired to call on her again; which I did, and upon very accurately examining the *abdomen*, and not finding that globular hard tumour and bulk, which the gravid *uterus*, towards the full time of geſtation generally forms; no mucus deſcending from the *vagina*; and the pains conſtant, and without any remiſſion; I not only declared it to be my opinion, that ſhe was not in labour, but, that I entertained doubts of her being at all pregnant: having formed this *prognoſis* pretty freely, another practitioner was ſent for; and, after the moſt exact enquiry, and mature deliberation, he coincided with my opinion; which eventually proved right. The wo-

man,

man, ſoon afterwards, by proper medical treatment, got quite well, has ſince enjoyed a good ſtate of health, and the *menſes* have never once returned. For the following caſe, I am indebted to a gentleman, to whom I owe much grateful acknowledgment, for his candid communications and friendly recommendation; particularly, to this patient, who was in the forty-firſt year of her age, and had been married ſomething more than twelve months; ſhe had been uſed to regular diſcharges of the *menſes*, without the leaſt interruption, till about the fifth month after her marriage, when ſhe attributed the cauſe of their diſappearance to her being in a pregnant ſtate; in which belief, ſhe made the uſual preparations: it was on the 31ſt of MAY, 1772, that I firſt ſaw her, and, at that time, according to her own calculation, ſhe was near the end of the ſixth month; ſhe told me that ſhe had had pains in her breaſts; ſickneſs of a morning; averſions to particular food: and, in fact, moſt diſorders, of the firſt claſs, which are ſimilar to thoſe of pregnancy; that, ſhe gradually became more and

more bulky; that ſhe very often felt ſomething ſtir: and the like; all which circumſtances, ſtrongly confirmed the woman in her opinion, and might well have deceived a perſon of more experience: under theſe aſſumed appearances of gravidity, ſhe went on till the uſual time of geſtation, was ſo much exceeded, as to make her apprehend the conſequences to be dangerous: the belly ſtill continued turgid and inflated; but, on examination, was not ſo hard, compact, and round, as the gravid *uterus* uſually is; beſides, the *os tincæ* was long, dry, and cloſe ſhut; and, there was every reaſon to ſuppoſe, that the ſwelling was fallacious, and not occaſioned by pregnancy: upon this conſideration, with the advice of a phyſician, who made not the leaſt doubt of the gravidity being ſpurious, ſhe was enjoined to a proper regimen, adviſed to exerciſe on horſeback, and took occaſionally a proper quantity of a purging electuary, of the gentleſt kind, to keep the bowels laxative: in a few weeks after, ſhe had a copious diſcharge of grumous fetid blood from the *vagina*, which confined her ſome days to her chamber;

chamber; ſince which time, by proper care and management, ſhe has remained in pretty good health. —MAURICEAU mentions a woman, who, after having been in a courſe of phyſic, ſix or ſeven whole months, for the dropſy, was, at length, brought to bed of a child: and recites another caſe of a woman, who never had a child; tho' ſhe ſo paſſionately deſired it, as to be at the point of hoping for one at five and fifty years of age; under the colour, that ſhe had ſtill her courſes, and actually made preparation accordingly: finding herſelf one day worſe than uſual, ſhe ſent for her midwife, who aſſured her it was her labour; but, the next day, ſhe voided only a quantity of water and ſome wind, and her expectations vaniſhed.—A gentleman, of my very particular acquaintance, whoſe veracity I could depend on, related the caſe of a lady, in the neighbourhood of DARTFORD; who, at the age of nine and thirty, upon a ſuſpenſion of the *menſes*; and ſymptoms of breeding, in conſequence coming on, fancied herſelf with child; but her miſtake was attended with bad conſe-

quences, as it ended in a *ſcirrhous* tumour of the *uterus*; for which, the unhappy patient ſought for the firſt advice in the kingdom; but all endeavours to relieve her were ineffectual, and the event proved fatal.—In the fifth volume of the Medical Commentaries, we find a caſe communicated to dr. DUNCAN, by mr. EDWARD JOHNSTONE, ſtudent of medicine, at EDINBURGH; the patient was a large made corpulent woman, about forty years old, and, who believed herſelf in the fifth or ſixth month of her pregnancy; ſhe was generally diſpoſed to be coſtive, and moſtly ſo when pregnant. Every effort of art, to procure the neceſſary evacuation, proved abortive; and the day after her death, upon opening the body, the obſtruction which had occaſioned the patient's illneſs and death, was diſcovered in the upper part of the *rectum:* it was a ſtricture, which as completely cloſed the paſſage into the inferior part of the *rectum*, as if it had been tied by a packthread: a kind of morbid ligament, formed in the *rectum*, cauſed this ſtricture. For the particular treatment of this extraordinary caſe,

and

and the author's remarks thereon, vide page 302. of the above book. In all the caſes, which I have hitherto mentioned of *ſpurious gravidity*; a total obſtruction of the *menſes*, has been found to be the principle index, to the fallacious ſuppoſitions of pregnancy. But dr. BURTON, in his firſt obſervation, has given the caſe of a married woman, aged thirty, who had had ſeveral children, in 1748; and began to have all the ſymptoms of being pregnant, except, that *ſhe had her menſes* regularly; (after having ſtopped the two firſt months) although in leſs quantity than uſual: in this way ſhe continued for ſeven or eight months, when ſhe began to have milk in her breaſts: about this time, he ſays, ſhe began to have a ſuppreſſion of urine, ſometimes partial, ſometimes total: inſomuch, that a ſurgeon was ſent for, who drew off her urine with a catheter; at length, ſhe was admitted into the county hoſpital at YORK, and had her urine drawn off regularly, till, by proper methods, ſhe was able to make water without the aſſiſtance of the catheter; during her reſidence here, ſhe

ſeemed to advance in her pregnancy, her breaſts filled, and ſhe had her *menſes* as before: in which way ſhe continued till the eleventh month, according to her own reckoning. The caſe being curious and extraordinary, our author, altho' he had then reſigned his place as one of the phyſicians to that hoſpital, was yet, upon this uncommon occaſion, called in: when upon examining, and touching the patient, he could not poſſibly reach the *os tincæ*; neither could he find any thing of the *uterus*, nor feel any hardneſs upon preſſing the *abdomen*: but upon repeating his ſearch, he, at length, found a large tumour adhering to the *os ſacrum*. The woman continued in this condition about a month longer, and, as ſhe had then a paſſage for her urine, was diſmiſſed. About five or ſix weeks after, the ſuppreſſion of urine returning, ſhe came to YORK, and had it extracted, and then went home again; where ſhe continued longer, with the ſame ſymptoms; but never had a child ſince, and died ſoon after.—Dr. LEAKE, when ſpeaking of the ceſſation of the *menſes*, aſſerts, that more women die, about this

this age, than at any other period, during the years of maturity: for, as many conſtitutional infirmities, he ſays, are relieved by the firſt approach of the *menſes*; ſo, they often return at the ceſſation of that diſcharge, to aſſiſt the conſtitution during the critical change, which then happens; and, to compenſate for the want of that long-accuſtomed diſcharge, bleeding, once a month, with the uſe of gentle laxatives, are, by the Doctor, particularly recommended; eſpecially, in ſtrong habits, where there ſeems to be an abundance of blood: the patient is alſo deſired to leſſen the uſual quantity of animal food, and to live chiefly on vegetables, fiſh, and ſpoon meats; when, the patient, however, is delicate, ſubject to a female weakneſs, night ſweats, fluſhings in the face, and hectic fever, a very different courſe becomes proper: for ſuch patients, aſſes milk, jellies, and raw eggs, are recommended; together, with a moderate uſe of old LONDON porter, or RHENISH wine; ſhould the bleeding piles appear, at this juncture, ulcerous ſores break out in the legs, or eruptions on the ſkin; the firſt ought

not to be reſtrained, or the laſt dried up; for, thoſe diſcharges, under ſuch circumſtances, are generally critical; and our author has obſerved, that, where they were ſuddenly ſuppreſſed, an acute rheumatiſm, hyſterics, convulſions, and even death itſelf, have often been the conſequence. For the further managment of patients, at that moſt important period in the life of females, when the *menſes* are about to ceaſe; the reader is referred to the letter on this very intereſting ſubject, of the late dr. JOHN FOTHERGILL, and inſerted under the 17th article, in the fifth volume of Medical Obſervations and Enquiries; and to the learned M. TISSOT's *Traité ſur les Maladies des Nerfs*, lately publiſhed.

CASE

CASE LIV.

I WAS ſent for in the morning of the firſt of NOVEMBER, 1768. to attend a woman, well advanced in life, in labour of her firſt child: I found a midwife with her, who had been in waiting two days and nights, and had then got her in one of the moſt new and uncommon poſitions, which, I believe, ever woman was placed; and, which ſufficiently ſerved to ſhew the knowledge of the female practitioner: her breech being elevated upon the ſide of the bed, which was doubled up with ſeveral pillows, to raiſe it; her head hung down behind, and, in time of a pain, was ſupported by two women, that ſat behind her; one of whom, by the midwife's directions, clapped a handkerchief over her mouth and face, with intent, as I underſtood, to keep in

in her breath, and prevent her crying out; which the midwife obſerved, ſhe had done ſo much already, as to hurt her pains, and prevent their being of that uſe to her, which they otherwiſe would have been; her legs were widely expanded, and ſupported on the backs of two chairs, between which, and underneath the patient, in a low chair, was placed the old woman; who, at every little pain, and frequently oftener, had endeavoured to deliver the child; which, ſhe ſaid, had been as near coming into the world, as it was poſſible, for ſeveral hours paſt: but, in ſpite of her having made all the way ſhe was able, ſhe could get it to come no farther: and, that ſhe had ſo benumbed her hands and fingers, in trying to open the womb, that ſhe could ſcarcely feel them. From theſe fruitleſs and unneceſſary endeavours, and other miſmanagement of the labour, I concluded it to have been protracted, and, that the force of the natural pains had been interrupted; for, inſtead of waiting with patience, comforting the woman, and keeping her cool and eaſy, the very oppoſite

conduct

conduct had been purſued: I did not immediately alter the poſition of the woman, but examined, during a pain, and found a great dryneſs and conſtriction of the *vagina*, much tenderneſs of the parts, the anterior part of the *uterus* puſhing down before the head below the *pubes*, and the *os tincæ* tilting backwards towards the *ſacrum*; (a ſituation, in which I have always found it very ſlow of dilatation,) but juſt ſufficiently open to admit the tip of my finger, and ſo prodigiouſly tight, that it felt like a ring. The woman had had no other than ſmall grinding pains; and, upon enquiry, I found no ſtool for ſeveral days; the poſture was changed to one more decent and proper; an emollient clyſter was adminiſtered as ſoon as it could be got ready, which relieved the inteſtines of the accumulated *fæces* they contained: and, as the ſcooping, by being uſed with too much force, and continued ſo long, as to benumb the fingers, had produced a great deal of pain and inflamination, I ordered an emollient cataplaſm, and warm ſtupes, to the external parts: and, after waiting ſeveral hours, and perceiving the pains weak,

and

and recurring but ſeldom, I diſmiſſed the greateſt part of her attendants; deſired ſhe might be kept ſtill and cool, and, that the poultice and warm ſlupes might be renewed every ſix or eight hours; I gave her an opiate, and retired: in about twelve hours after I called on her again; found ſhe had been refreſhed by ſleep; that her pains were rather ſtronger, but recurred at long intervals; the *os tincæ* was not quite ſo callous, and ſpread to the breadth of a ſhilling; and, that the ſmooth body of the membranes was eaſily to be felt through it: upon which I renewed my former directions, gave her a ſecond opiate, and left her, till I received a call about ten hours after, to come to her aſſiſtance; which I immediately complied with, and was now agreeably ſurprized, to find the *os tincæ* ſoft, and receding, on all ſides; the pains ſtrong and thundring, and the *vertex* as low down as the *os externum*; the membranes ſoon broke, and the head, which was uncommonly large, was delivered with the face to the *ſacrum*, without injuring the *fourchette* in the leaſt; the child was alive, and very

very hearty; the mother laboured under a ſuppreſſion of urine, which I relieved on the third day after delivery, with the female catheter; ſhe had otherwiſe no uncommon ſymptoms, recovered, and did very well. As there was no bad ſymptom attending this labour, there could not be the leaſt neceſſity for opening the *os tincæ* by force; the treatment of ſuch births, demands a judgment and deliberation, much beyond that of an uninſtructed woman, who could make no apology, but her ignorance, for the inflammation and bad ſymptoms, which came on: it is plain, the *os tincæ*, though ſlowly, would have ſpontaneouſly opened, had the patient been properly managed; it is undoubtedly, to be opened by forcible dilatation; but where the delivery promiſes to be ſafe, though tedious, much depends on the patience and attention of the practitioner, leſt, from premature attempts to deliver, haſte and miſmanagement, debility ſhould ariſe; the woman's ſtrength be exhauſted, and the conſequence, perhaps, prove fatal both to the mother and child.

IN a former caſe, I have ſufficiently condemned the unwarrantable practice of ſcooping; and have here exhibited a freſh inſtance, how much labour may be retarded by its uſe, as well as the moſt favourable circumſtances, for want of regulations and ſkill, be rendered unprofitable, and of no effect. It is a remark, well worthy notice, that the preſaging pains are ſometimes very long, before they bring on the thundring ones, and ſhould ever be attended to, with the moſt indefatigable patience. This caſe, may ſerve as a leſſon to midwives in general, not to be conſtantly teizing and harraſſing the patient, at the approach of every trifling pain, which is unneceſſary, and often ſo injurious, as to bring on ſoreneſs and inflammation: therefore, the leſs the parts are handled, the better; and, when there is a real occaſion for touching, the moſt gentle care, tenderneſs, and delicacy, ſhould be uſed.

CASES LV. and LVI.

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

" DEAR SIR,

" DEC. 24, 1768.

" ABOUT seven in the evening " of the second of OCTOBER last, I was called to " a young woman, who had been married but " a few days before, and was unexpectedly " taken ill; I found her kneeling on the " ground, with her head in a chair, and complain- " ing of very great pain, which abating, I en- " quired of her the cause of her complaint: to " which, I received for answer, that she could not

" tell

" tell what was the matter with her; but, that ſhe
" had been in as bad pain, at times, for three or four
" days and nights paſt, and had never been able
" to get any ſleep for it: I adviſed her to go to bed,
" which ſhe complied with; and then permitting
" me to touch her, in time of a pain, I found
" the *os tincæ* open, to the breadth of half a
" crown; the waters puſhing down in form of a
" gut; and, when the pain receded, the head
" very * high up, and reſting upon the brim of
" the *pelvis:* ſoon after ſhe was in bed, her pains
" became very ſtrong, and almoſt continual;
" and the membranes breaking, the waters were
" diſcharged in large quantities; the head came
" lower down, was preſſed into a conical
" form, and the bones protruded over one ano-
" ther; which not only led me to ſuſpect an
" ill-ſhapen *pelvis*, but, I was further confirmed
" in this belief, by feeling the tuberoſities of the
" *oſſa iſchij* project too near to each other:

* When the woman continues in labour a long while, and although the *os tincæ* is greatly dilated, ſtill the head of the child remains very high up, the labour generally proves of the difficult kind.

" the

" the woman was of a ſmall ſize, but, in no
" reſpect, exteriorly diſtorted: upon mentioning
" my diſcovery to her mother, ſhe attributed
" the difficulties to an injury, which ſhe had
" received in her infancy, from the kick of a
" horſe; notwithſtanding the pains continued
" pretty ſtrong, the head did not advance in the
" leaſt, and the woman being much fatigued and
" depreſſed, I gave her an opiate; and having
" had no ſtool for two days before, cauſed an
" emollient clyſter to be injected to empty the
" inteſtines: the opiate reſtrained the pains, and
" compoſed the patient for many hours, when ſhe
" awoke, and they again returned, with an equal
" degree of ſtrength to what they had been before;
" but the head ſtill continued in the ſame ſituation,
" without the leaſt progreſſion whatever: the re-
" lations of the woman began now to expreſs
" much anxiety on her account, and to interro-
" gate me about the ſafety of the caſe: I aſſured
" them that it would be attended with much
" danger and difficulty, both to mother and
" child, and, that I was fearful the latter could

" not be born alive. Notwithſtanding the woman
" was duly ſupported with nutrition, the pains,
" ſoon after this, became conſiderably leſſened,
" extreme weakneſs almoſt to fainting enſued,
" and an incipient *hæmorrhage* from the *uterus*
" came on: in this poſition of affairs, thinking
" it both difficult and dangerous to attempt the
" turning of the child, and, that it was not in na-
" ture's power to accompliſh her own work, the
" pains being inſufficient to puſh the head for-
" wards; and conſidering likewiſe, that its poſition
" was too diſadvantageous for the uſe of the ſtrait
" forceps, I reſolved, at once, to make an attempt
" with the long curved forceps; ſo competent
" a judge, as yourſelf, of ſo critical a ſituation,
" as that to which I was now expoſed, need not
" be told the anxious feelings, which are thereby
" created in the mind of the practitioner; the
" woman had a fainting fit, and as the ſymptoms
" were now become truly alarming; you will, I
" truſt not, in the leaſt, deem me raſh, in my
" reſolution, to employ inſtruments: the proper
" poſition for introducing them being made,

" with

" with much difficulty I applied one blade of
" the laſt mentioned inſtrument, and found
" ſo much more in the application of the ſe-
" cond, that I had nearly given up the point,
" and withdrawn them both; but the thoughts
" of the crotchet, on one hand, diſmayed me
" beyond meaſure; and, on the other, excited my
" perſeverance, till, at length, I accompliſhed my
" deſign, and obtained firm hold of the head;
" but, I muſt candidly confeſs, it was done with-
" out knowing its exact ſituation; the fainting fits
" became frequent, and the flooding increaſed;
" to wait for pains was unneceſſary; I therefore
" made uſe of ſome ſmall pulling force, and
" finding the head ſomewhat advance, continued
gently pulling in a waving manner, till,
at length, the *vertex* was ſqueezed down to the
inferior part of the right *iſchium*, the forehead
being towards the ſuperior part of the left, and
rather higher on that ſide than the brim of the
pelvis; diſcovering this to be now the poſition
of the head, I concluded the inſtrument, not to
be ſo badly fixed, as to require freſh applica-
tion; therefore proceeded to turn the forehead

" into the hollow of the *ſacrum*, which diſen-
" gaged it from its confinement at the upper part
" of the *pelvis*; and, with the greateſt delibera-
" tion, and moſt careful attention to the *peri-*
" *næum*, delivered the head, and releaſed the
" forceps; the ſhoulders gave me ſome trouble;
" for, although I had brought them down be-
" low the *iſchia*, they were hard to extract, till,
" by forcibly paſſing a finger over one of them
" up to the cubit of the arm, and by preſſing it
" towards the *ſacrum*, it was, at length, brought
" down with an half round turn; and the reſt of
" the delivery was effected without any particular
" trouble; the *hæmorrhage* abated ſoon after the
" delivery of the *placenta*, which followed the
" child immediately; ſo, that it may reaſon-
" ably be ſuppoſed, the *uterine hæmorrhage*, which
" came on before the delivery was attempted by
" the forceps, was occaſioned by the total ſepara-
" tion of the *placenta*: the child laid ſome
" minutes before it breathed; ſoon after which,
" it cry'd faintly, and lived in a languiſhing con-
" dition, till the morning of the ſixth day, and
" ther

" then died; the forceps had left marks upon
" the head, and appeared to have been fixed in
" a diagonal direction, poſteriorly over the fore-
" head, and anteriorly over the *occiput*. I was
" ſo very much fatigued with the troubleſome
" circumſtances attending this caſe, that I did
" not recover for ſome time. The woman
" ſeemed to be in a good way, though rather
" weak, for ſeveral days; but, from a violent
" agitation of mind, on the ſeventh day after her
" delivery, ſhe was thrown into a diarrhœa, at-
" tended with a fever, which proved fatal. This,
" I dare ſay, you will call an uncommonly labo-
" rious birth, and one of the moſt melancholy
" in MIDWIFERY; in the management of it, ſhall
" be happy to meet your approbation, or know
" wherein I may have erred.---The following caſe,
" of the preternatural kind, though not without
" its particular difficulties, gave me leſs fatigue
" of body, and anxiety of mind: about five in
" the morning, of the third of this month, I
" was ſent for to a lady, who had beſpoke my
" aſſiſtance; whom I found very full of pain,

" which, being almoſt continual, and chiefly
" confined to the abdominal muſcles, made me
" ſuſpect to be of the ſpurious kind; particu-
" larly, when, upon examination, no deſcending
" mucus appeared; and the *os tincæ* was very high
" up, ſhort, rather ſucculent, but cloſe ſhut:
" the pulſe being very quick and full, I took
" away a few ounces of blood from the arm;
" and as ſhe complained of coſtiveneſs, or-
" dered an emollient clyſter of milk, oil, and
" brown ſugar; with a ſmall quantity of ſyrup
" of buckthorn, to be given immediately after;
" which, as ſoon as it had had the deſired effect,
" I adminiſtered an opiate; and after aſſuring
" her, that I might ſafely leave her, retired:
" upon calling on her in the morning, I learned,
" that her night had been eaſy and ſtill, and that
" ſhe was much better, which ſhe continued to
" be, till the morning of the 15th inſtant; when
" being called to her in very great haſte, I found
" her walking about the chamber, dreſs'd, and at
" regular intervals reſting over the back of a chair:
" in time of a pain, in this ſituation, I made an
" examination, and found the waters protruding

" in

" in form of a * large gut, and the *os tincæ* but
" little dilated: on the receſs of the pain, I
" could not diſtinguiſh any particular preſenta-
" tion of the child, and from thence inferred,
" that the caſe would not be attended with the
" moſt favourable iſſue; juſt at this juncture, a
" meſſage was brought me, requiring my at-
" tendance to another patient in labour, at no
" great diſtance; having obtained leave to leave
" her, I deſired, in my abſence, that ſhe might
" be got to bed, kept as quiet as poſſible,
" and that I might be ſent for again as ſoon as
" the waters broke: ſoon after which I left her,
" and in about ſix hours, having delivered the
" perſon I went to, was coming back, when I
" met a meſſenger, ſent on purpoſe, to haſten
" my return; ſhe had a very ſmart pain ſoon
" after my entrance into the chamber, and upon
" examining, I was ſurprized to find the *left arm*
" of the *fœtus* in the *vagina*: the parts, however,
" being ſufficiently dilated, I diſcloſed as much
" of her ſituation to herſelf and attendants, as

* A circumſtance, from which, by experience, I think, ſome difficulty in the labour, may always be apprehended.

" was right and prudent; and, at the ſame time,
" the expediency of turning the child, to deli-
" ver it, being fortunately well conceived; I was
" much indebted to the laudable reſolution, and
" obliging confidence, of my patient; who rea-
" dily ſubmitting to a convenient poſition, for
" that purpoſe, I gently and deliberately intro-
" duced my fingers, well lubricated, between the
" poſterior part of the *vagina*, and the preſenting
" arm, into the *uterus*, that I might raiſe the
" ſhoulder, and introduce my hand, in ſuch a
" manner, as to diſcover the exact ſituation of
" the child: which I found to be circular, with
" its fore parts to the *fundus uteri*, and the legs
" turned up to its face: the ſhoulder being
" raiſed up to the head, I ſecured the feet, and
" brought them down as far as poſſible; but that
" not altering the poſition, ſo advantageouſly as I
" wiſhed, I raiſed the ſhoulder a little higher, and
" was then able to pull down the legs alternately,
" and bring them down till they advanced into the
" *vagina*, juſt below the *os externum*: as it was not
" eaſy to bring them down any lower, I intro-
" duced

" duced the nooſe of a garter, and ſlipping it
" over the feet, faſtened it upon both the ancles,
" and then by pulling down the legs, at the
" other extremity of the garter, with one hand;
" whilſt the ſhoulder and head were puſhed up
" with the other, with ſome difficulty delivered
" to the ſhoulders, and afterwards brought down
" the arms, by paying proper attention to the
" method of introducing a finger, and giving
" each a half round turn: the head was very
" large, and fearful to make uſe of ſuch force,
" as might endanger a diſlocation of the *vertebræ*
" *colli*, I alternately paſſed up, and preſſed a
" finger on each ſide of the noſe, and thus ſafely
" delivered the child; and, notwithſtanding the
" difficulties which attended the whole delivery,
" I had the happineſs, to finiſh it, without the
" leaſt injury to parent or child, who both reco-
" vered, and did well. Your anſwer will be
" eſteemed a favour; and, believe me, &c."

CASE

THE ANSWER.

" DEAR SIR,

" I AM very well ſatisfied with the " method you have followed, in the two caſes " ſent me; but ſhould be glad to know, what " hour you delivered the laborious caſe in, and " how long you was with the woman; other- " wiſe, the caſe is incomplete. In the *arm caſe*, " it was fortunate that your attendance was ſo " early; great inconveniencies might otherwiſe " have occurred from the protruſion of the arm " through the *vagina*; the long evacuations of " the waters, &c. Do you recollect, whether " the head was to the ſide of the *pelvis*, or to the " *pubes*?

" I am very ſincerely, &c."

TO which I replied, "That the time of my "coming to the patient in the laborious caſe, was "near ſeven o'clock in the evening, and ſhe was "not delivered till after ſeven the following "night: and, in the arm caſe, that I recollected, "the *vertex* to have been ſituated cloſe to the left "*os ilium*."

THE reduction of the arm, when it happens that the child is ſituated in a longitudinal direction, with the head over the *pubes*, and the feet to the *fundus uteri*, the accoucheur will ever find a taſk, of the moſt arduous kind, which preternatural labours can poſſibly furniſh; and, particularly ſo, ſhould he be ſo unlucky as to be called in, when the evacuation of the waters is not recent, and the *uterus* is ſtrongly contracted round the body of the child: ſuch an unfortunate inſtance occurred to me in the month of FEBRUARY, 1775. the particulars of which, are comprized in the following caſe.

CASE

CASE LVII.

I WAS ſent for to the aſſiſtance of a woman, who had been in labour three days, and as many nights: the gentleman who attended her, after the endeavours of a midwife had proved fruitleſs, with the greateſt judgment and tenderneſs, had ſtrove to reduce the arm by raiſing the ſhoulder, and puſhing up the fore arm at the elbow, but his attempts had proved impracticable; and being unwilling to amputate the arm, or twiſt it off at the elbow, although the ſwelling, coldneſs of it, and want of pulſation in the wriſt, might, in ſome meaſure, have induced him to that diſagreeable undertaking; fatigued with his poſt, and deſpairing of ſucceſs, after proper conſultation, it became my part, to make further trial

of

of delivery; the pains were ſeldom, and very weak; though the arm protruded through the *vagina*, and was locked in the *pelvis*, I conceived hopes of being able to paſs up my hand between the *uterus* and child, ſo as to lift up the head and ſhoulders, and, at length, bring down one or both of the feet; to effect which, I had the woman fixed on her knees and elbows, but found every effort impracticable; if I raiſed the ſhoulder and head with one hand, and puſhed up the protruding arm with the other; no ſooner was it in a train of reduction, than I was obliged, from the ſtrong contraction of the *uterus*, to withdraw the hand with which I had made the elevation, and of courſe, the arm deſcended into its former ſtate: in this preſſing dilemma, as the difficulties of reducing the arm, and delivering the child by the feet, were thought inſurmountable, the amputation of the arm appeared, in our judgment, a neceſſary and indiſpenſible expedient, for the preſervation of the poor woman's life; whoſe friends had, from the firſt, been prudently apprized of her danger: but whilſt we

were

were deliberating upon the beſt mode of operation in this affecting buſineſs, we were ſuddenly alarmed, by an account, of the woman's being ſeized with a fit; which we found to be the caſe, attended with a flooding: the matter was now become more complex and ſerious, than before; for then, by delivering the child, there was a probability of ſaving the woman; but now, an equal ſhare of danger attended the lives of them both; the patient recovered from the firſt fit, and received ſome nouriſhment, but was, in a few minutes, attacked with a ſecond, and a conſiderable increaſe of the flooding enſued; the womb being now no longer capable of reſiſtance, the practice before tried, of raiſing the head and ſhoulder, was eaſily effected, the arm reduced, the legs and feet found, and, by our joint endeavours, the delivery was accompliſhed; but, although ſome faint indications of life, at firſt, appeared in the child, they were no more than the tremulous glimmerings of its expiring light, which was, by far, the leaſt unhappy part of this melancholy caſe; for, notwithſtanding the

extrac-

extraction of the *placenta* was eaſy and expeditious, and the flooding thereby much prevented; yet, from ſome fatal cauſe, not eaſily to be inveſtigated, the woman went out of one fit into another, till death cloſed the tragic ſcene, in leſs than two hours after the birth of her unfortunate babe. — DIONIS ſays, of all labours, *that* in which the child preſents with one arm *only*, gives the ſurgeon the greateſt trouble; for lying croſs ways in the womb, it is impoſſible for him to bring it away, without turning it; which, he thinks, ought ever to be done, in preference to the practice, which ſome adviſe, of delivering the child by the head; which, whenever he has attempted to do, the conſequence was always a great deal of trouble, and diſappointment: he condemns the folly of putting the child's hand in cold water, or rubbing it with ice, upon the abſurd ſuppoſition, that, if it is alive, it will, by ſo doing, preſently draw it in; which, he rightly obſerves, is impoſſible, if it would, as the weight of the body effectually oppoſes it: he quotes AMBROSE PARREY'S method of taking off

the

the arm as high as poſſible, if we are ſure the child is dead; but concludes, that the difficulty of ſuch an operation, and the horror which attends it, ought utterly to forbid the performance of it. MAURICEAU, he ſays, thinks it better to twiſt it two or three times round, to ſeperate the ſhoulder from the blade, and afterwards to cut the fleſh; for then there will be no danger of hurting the womb, by the aſperities of the bone, as we bring away the infant: but here our author very juſtly remarks, that ſince MAURICEAU thought not fit to reduce this advice into practice; ſo, neither ſhould he deſire others to do it.---The judicious and experienced DAVENTER, ſpeaks of the great difficulty attending a labour, when the arm is already come forth to the ſhoulder, the humours flowed out, and all things cloſely compreſſed by the violent force of the pains, and recommends turning the child, that it may be brought away by the feet.---CHAPMAN deſcribes a delivery, in which the child's arm had been eighteen hours in the world, and much ſwelled, by the long time it was expoſed, and the ignorance of the midwife, who

pulled

pulled violently at the arm at every pain; not knowing, that it was altogether impoſſible to extract a full grown infant, by that method; that he ſearched for the feet, and ſoon delivered the woman with eaſe and ſafety: he delivered the ſame woman in two ſucceeding labours; in both of which, the waters gathering, and the pains increaſing to a proper degree, the membranes broke, and thruſt out one of the child's arms; the paſſage and *pelvis* were ſo large, that he found no difficulty in taking the child by the feet, and thus delivered her, in leſs than a minute, each time: he cautions againſt the uſe of inſtruments to diſmember the child; adviſes the operator to be well acquainted, whether the child be really dead, or not: and mentions a miſerable inſtance of a man, that was lately living, whoſe arm was thus cut off, before his body, or any other part; but that arm, was born, by a SURGEON and MANMIDWIFE, who, doubtleſs, took the child for dead; but, finding it, by its bleeding, to be alive, which he did not in the leaſt expect, he ſtopped the flux of blood, and the child (as

before-mentioned) lived to be a man. --- GIFFARD has given an inſtance of one hand and the arm ſlipping down through the inner orifice into the *vagina*; the waters had been gone off a great while; the child dead many hours; and it was about the eighth month of the woman's reckoning: he ſearched for the legs, which he found, and with great difficulty effected the delivery: a ſecond, where the arm protruded out of the inner orifice, quite up to the ſhoulder, and the hand bent backwards in the paſſage; he delivered the child, (which was dead, from having lain ſo long in the poſture he found it) by drawing the firſt leg forwards, by which means, the buttocks advanced: he adds, that when the child is not very large, and the woman has had children before, there is not always a neceſſity for pulling down both the feet; for, if one leg preſents, and the other is bent forwards towards the child's belly, it will eaſily paſs: to corroborate which aſſertion, in caſe 38. he deſcribes a delivery, wherein he ſucceeded by ſuch means: as alſo, in caſes 58. 80. 122. 136. 146.

146. & 181. In caſe 187. he obtained both legs, and effected the delivery footling; but in caſe 190. he tells us of a delivery, where one arm was ſunk into the *vagina*, and the ſhoulder ſtopped it up, and was cloſely rivetted in the *os internum*; the woman had been in labour two or three days; in vain were all his endeavours, either to return the arm, or remove the ſhoulder, ſo as to paſs his hand by it, to reach the feet: upon moving the arm, he found it was very looſe, whereby he judged, that the midwife had been pulling at it, for it readily came off at the ſhoulder: he then endeavoured again to move the ſhoulder; but, he could not, by any method, paſs his hand far enough to reach the feet; he therefore tried to get a finger over the ſhoulder, to draw down the head; but the neck being very tender, the *vertebræ* gave way, and the head ſeparated from the body: as the ſhoulder preſented firſt, he fixed a hook near the *ſcapula*, in order to draw it out; but the parts tore away, ſo that he was forced to remove the hook two or three times: however, he was, at

laſt, able to take hold of the ſhoulder with his fingers, and to draw it out, when the reſt of the body eaſily followed; but he had ſtill a great difficulty to ſurmount, which was, to bring away the head remaining in the *uterus*; which, he did, after trying in vain with his fingers, by means of the hook, fixed between the ſutures: he complains of being greatly fatigued by the labour, and attributes the difficulties which aroſe, to the ignorance and ſelf-ſufficiency of the mid-wife, who did not ſend in time, when ſhe firſt obſerved the child to preſent wrong; by which means, the waters were ſuffered to paſs off, the *uterus* to be cloſely contracted about the child, and the whole ſhoulder to be cloſely rivetted in the *os internum*. In caſe 211. he ſpeaks of a delivery, where one arm preſented firſt, and was ſunk into the *vagina*; but, as the *fœtus* was ſmall, and the patient had been a mother of children before, by which the parts had been ſufficiently dilated, he judged he might draw it out in the manner it preſented, without danger of the head's ſeperating at the neck from the body,

or any ways hurting or tearing the parts of the *vagina*; he therefore paſſed up one finger as it lay bent, and endeavoured, by pulling, to draw the head and body out, gently pulling, at the ſame time, the arm before protruded; and, by this method, he ſoon brought out the whole *fœtus*: in the following caſe, 212. where the whole arm was protruded into the *vagina*, and the ſhoulder ſtopped up the *os tincæ*, he ſucceeded by obtaining one leg, and bringing it into the *vagina*, he faſtened a ligature about the ancle, and endeavoured, by pulling the ſtring, to bring the leg and thigh forward; whilſt, at the ſame time, with his other hand, paſſed into the *vagina*, he preſſed the ſhoulder upwards, to make more way for the hips to advance, and for the head and ſhoulders to be turned upwards: this ſucceeded to his wiſh, and the delivery was accompliſhed, but the child was dead: occaſioned, as he obſerves, moſt probably, by its having been ſo long engaged, and ſo cloſely preſſed in the womb, before he came: in caſe 223. he gives another inſtance of a ſimilar

nature, in which he ſucceeded by the ſame means as the foregoing; but the child was likewiſe dead, from the long delay of the delivery. The great number of caſes, in which our author ſucceeded in the delivery, by the help of one leg only, ought not to miſlead us in our ſearch after the other; which, in general, can be at no great diſtance; and, more eſpecially, as by the aſſiſtance of both, the operator will ever find it much more eaſy to rectify the ſituation of the child. Vide LA MOTTE, obſ. 272, 273, 274, 275, 276, 277, & 278. Dr. OULD ſpeaks of the arm forced into the world, by the mother's throws, as one of the moſt difficult caſes in MIDWIFERY for the operator; as the feet are at a greater diſtance from the orifice in this ſituation, than any other: and the waters, alſo, are, in a ſhort time evacuated; when the head is not in, or cloſe upon the orifice, to hinder its exit, he adviſes, if the hand be not far advanced, to inſtantly put it back into the womb; and, if there be occaſion, to dilate the orifice with the fingers, according to the uſual directions, that the hand may be introduced along the child's

child's belly, to find out the feet, whereby to bring forth the infant: if the hand be ſo far advanced, that it cannot be put back, he directs the operator to dilate the orifice, ſo as to thruſt up his hand by the ſide of that of the infant; taking hold of the feet as above: and, in proportion as the feet advance forward, the protruding hand will retire into the womb: the moſt convenient poſture for the patient to be in, during this, and all other operations, where the child is to be turned in the womb, he aſſerts, to be on her knees, in a bed, at a convenient diſtance from the operator, leaning her head on a woman's lap, who muſt ſit on a low ſtool in the bed, for that purpoſe: but this ſeems too general an obſervation of the Doctor's; for, in all preternatural labours, an exact knowledge of the child's poſition, by diſtinguiſhing the right hand from the left, as well as the ſtructure of the *pelvis*, ſhould be acquired, before the poſture of the patient be determined on: and nine times out of ten, to place the patient, either on her back, or ſides, or in a half ſitting, half lying poſture, in caſes of preternatural births, will be found the moſt

convenient poſitions; but, where the feet are at a very great diſtance, and the belly is pendulous, to place the woman on her elbows and knees, may, ſometimes, be found moſt commodious. Dilatations of the inner orifice can ſeldom be neceſſary: and, in this caſe, as well as all others, it is often beſt to wait till it is ſufficiently expanded of itſelf, to give free admittance to the hand, which, it will generally be, before the ſtrong pains are abated; and, not till then, the ſkilful accoucheur will attempt the delivery with his hand; which ever ought to be done in the moſt gentle and deliberate manner, after it has been well lubricated; obſerving the line of the *pelvis*, as the firſt and principal direction, and tenderly reducing the rigidity of the parts, by ſlow and gradual advances, till the feet are fully obtained. ---Dr. BURTON, in very ſtrong terms, condemns as cruel and inhuman, the method of killing or *murdering* the child, by ſeperating the arm, to come at its body; when an arm, through ignorance, be ſuffered to advance ſo far, and continue ſo long in the paſſage, that, from its ſwelling,

ling, and the womb's contracting, it is impoſſible, as ſome imagine, that it can be put back: whoever is guilty of this practice, he affirms, ought to be proſecuted for mal-practice, and for wilful murder: from repeated inſtances, during eighteen years practice, he ſays, wherein he had had many of theſe worſt caſes, he is convinced, that there never can be aninſtance, where taking off the arm is neceſſary: he ſelects one of them which ever fell under his cognizance; and where, he ſays, if ever there was occaſion to have ſeperated the arm from the body, here it was---*firſt*, becauſe the arm was ſwelled to above twice its natural bulk, whereby it filled up the *os uteri*, and a great part of the *vagina*: *ſecondly*, becauſe no pulſe could be felt in the arm, and the mother had not been ſenſible of the child's ſtirring for ſome time: and *thirdly*, becauſe the mother was become very weak, for want of reſt, &c.---The particulars of this caſe, are comprized in the Doctor's 21ſt. obſervation: and in his 22d. he gives an arm preſentation, where the limb was amputated by an ignorant

pretender,

pretender, about the middle of the *os humeri*; he afterwards delivered the child; and proves, that there was no neceſſity for this injurious operation: *firſt*, becauſe it was not out of the womb as far as the ſhoulder: *ſecondly*, becauſe the *os uteri* was ſufficiently dilated, to permit the introduction of the hand: *thirdly*, becauſe the patient had no flooding: *fourthly*, becauſe the cutting off the arm could not forward the delivery; for the greateſt bulk of the child, is in the head, ſhoulders, and hips: all which remained of the ſame ſize, and were not too large for the *pelvis*; becauſe they were all whole when brought forth: and *fifthly*, becauſe the child was alive, and the mother in no dangerous way, as to flooding, &c. when he did it: the Doctor adds, that he never found any pretenders to the practice of MIDWIFERY, who ever attempted to cut off the arm of any child, but this man, and another, who was a cotemporary with him, and were together at the ſame place, to be inſtructed: but this other perſon, he ſays, ſhewed himſelf the better ſurgeon, by conſidering the conſe-

quences

quences of having the ſharp end of a bone cut or broken in the womb; and, therefore, he more judiciouſly cut off the arms at the joints, rather than ſeperate the bone: in the caſe, where he was ſent for to aſſiſt him, he had cut off both arms, firſt at the elbows and joints, and then at the ſhoulders: if the arm of the child muſt be taken from its body, he adviſes it, as ſafer, for the mother, for the operator to take hold of the *os humeri*, and twiſt it off at the articulation of the *humerus* and *ſcapula*; but ſays, that it ought never to be done at all, eſpecially, if the child is alive: for the Doctor's animadverſions on this practice, and his reaſons for publiſhing this caſe at large, the reader is referred to his book, p. 255. where may be alſo ſeen his contrivance of an inſtrument, reſembling a crutch, and which he calls by that name; by the help of which, the preſenting arm is to be returned. Vide PORTAL, obſ. 4. 54. 61. 68. 71. & 75. alſo, dr. EXTON, caſe 5. and dr. SMELLIE, vol. 3. coll. 33. caſe 3. deſcribes a caſe, where the membranes were broke, the arm was in the *vagina*, and the ſhoulder filled up the

os uteri, in ſuch a manner, as kept up the greateſt part of the waters: this being the caſe, he raiſed the head to the *fundus uteri*, and brought down the legs, with much greater eaſe, than he at firſt expected; and, the child not being large, was ſafely delivered: in collection 34. of the ſame volume, caſe 6. he mentions an inſtance of the right arm hanging down, without the *os externum*; the head of the *fœtus* at the left ſide, and the fore parts to the ſide, and back parts, of the *uterus*: the legs were brought down, ſecured by a fillet; taking hold of which with his right hand, he introduced the other to the head, and puſhed it up, while he pulled down the legs with the nooſe; by theſe means, the head was raiſed to the *fundus*, the arm that was down returned into the *uterus*, and the child was ſafely delivered: the doctor alſo tells us, that he delivered this gentlewoman, once before, in a ſimilar caſe: in the following inſtance, caſe 7. the arm preſented; the *pelvis* was narrow; the child was brought footling, and the head delivered with the long

curved

curved forceps: for a repreſentation of which, a reference is made to table 35. of the anatomical figures: the next caſe exhibits the arm of the child in the *vagina*, and the body lying in a round form in the *uterus*; which, with much fatigue and difficulty, was delivered by turning, and bringing the feet foremoſt: next follow two melancholy inſtances of ignorance; in the firſt, the arm preſented, and was taken off by another practitioner; who, afterwards deſerted the patient, who was ſeized with a flooding, and delivered by dr. SMELLIE, by turning the child, and bringing it by its feet; but the patient died, from the great loſs of blood, the ſame night, about two hours after he left the place: in the ſecond caſe; the arm of the child, we are told, came down into the *vagina*; the patient had been many hours in labour, and a flooding had begun; but was abated, after the waters were diſcharged: the Doctor propoſed to deliver by turning, and bringing the child by the feet; but herein being oppoſed, as that was a new method, and not known in that place, an

older

older practitioner was ſent for; who, inſtead of turning, fatigued himſelf, and the woman, by puſhing up the arm, to bring the head to preſent; and, when that method failed, he tried to deliver, by pulling at the arm: hereupon, another gentleman was ſent for, who lived at a much greater diſtance than the former; but the flooding had increaſed ſo much, by the former violence, that the patient had expired before his arrival; and, as he knew more of the practice, he regretted much, that the method, which our author had propoſed, was rejected: a very ſtriking inſtance this, how very erroneous the ancients were, in endeavouring, in ſuch caſes, to make the head preſent; which was here, and, I doubt not, in many other caſes, attended with fatal conſequences; therefore, it may, with the ſtricteſt truth and juſtice, be affirmed, that turning, to deliver by the feet, in ſuch preternatural preſentations, is an improvement in the obſtetric art, of the firſt importance, and has been the means of preſerving the lives of great numbers of women and children: in caſe 12. of the ſame collection,

tion, we meet with an inſtance, of the arm lying double in the *vagina*, the fore parts of the *fœtus* to the anterior parts of the *uterus*; and the woman delivered, according to DAVENTER's method, by turning her to her knees and elbows: and alſo, in caſe 16. where the arm and ſhoulder of a ſecond child, was forced down without the external parts; he was afraid, that it would be impoſſible to force up theſe parts of the child into the *uterus*, ſo as to turn the *fœtus*, and bring down the legs; but, upon trial, he ſucceeded beyond his expectation, and delivered the child alive: again, in caſe 3. no. 2. of the ſame collection, he has given an account, of the left arm and ſhoulder of the *fœtus* preſenting; the head over the *pubes*, and the fore parts of the child to the right ſide of the *uterus*: in which, after ſeveral trials, and the greateſt difficulty, he turned the child, and delivered it alive; but, ſays, he was ſo much fatigued, that he was not able to raiſe his arms to his head, for a day or two: caſe 13. contains a ſupplement to caſe 3. from dr. DURBAN, in which the arm preſented: as

does,

does, likewiſe, caſe 14. to the ſame caſe, in a letter from mr. MUDGE, of PLYMOUTH: in caſe 18. no. 2. of the ſame collection, we are favoured with another arm preſentation; wherein the gentleman, who communicates the caſe, after much difficulty, ſucceeded in his atttempts, to turn, and deliver the child by its feet: in caſe 5. collection 35. is inſerted, a very extraordinary inſtance, of the protruſion and tumour of the arm; which, as well as one of the legs, was pulled off in the delivery; and the body and head, afterwards delivered with the crotchet; occaſioned by a diſtortion in the *pelvis:* caſe 15. contains a ſupplement to the above caſe; and here, the arm preſented; the ſhoulder was miſtaken for the head; the arm was pulled off; and the head was afterwards delivered with the crotchet.

I HAVE been more diffuſe in my quotations and obſervations on the preſentation of the arm, as it is a poſition which very often happens; is frequently complicated: and, in general, requires the utmoſt ſkill and care of the accoucheur.

CASE

CASE LVIII.

ON the 24th day of APRIL, 1777, a midwife ſent for me to a woman, with whom ſhe had been ſome hours; told me, her patient had endured very violent pains; that about an hour before my arrival, the membranes had broke, and one of the child's arms fallen down into the birth: and, that as ſoon as ſhe perceived this to be the caſe, ſhe had deſired my aſſiſtance; the woman was very much diſheartened, on hearing the child came wrong, as ſhe had always been uſed to quick, eaſy, and natural births: the pains, I was told, had been ſtrong, but were now diminiſhed; and as the waters were not all drained off, the *pelvis* was well proportioned, and the woman had borne ſeveral children before; an immediate ſearch for the legs

appeared to me to be the moſt eligible plan. It was the right arm of the child which preſented; therefore, I could not err in my conjecture of its poſition: ſhe was already in a ſupine poſture, and near the foot of the bed: upon which, as the *os tincæ* was ſufficiently dilated, I lubricated my hand, and without altering her poſture, conducted it, as ſhe laid, between the body of the child and the *uterus*; came at the feet, without much trouble, and by bringing them down, the protruding arm, of courſe, receded into the *uterus*, and the delivery was finiſhed without any very great difficulty. From hence, it is evident, how great an advantage, the operator finds in attending early; and, how much ſooner, the buſineſs is done in that caſe, than where the waters have been long elapſed, and the *uterus* is contracted; beſides, the good proportion of the *pelvis*, and this not being the woman's firſt child, both, in great meaſure, added to the eaſe and facility of this delivery.

IT behoves me to pay a juſt Tribute of praiſe to the midwife, for her prudent conduct, in requiring timely aſſiſtance: and, I think, DAVENTER'S Inſtructions on this head; wherein he adviſes the woman midwife, in all difficulties, to refer to the advice of phyſicians, or ſurgeons; by which ſhe will not loſe her credit, or degrade herſelf: and ſays, that it is more commendable in her, not to meddle, but diſtruſt herſelf, and commit the matter to another, than raſhly to endeavour more than ſhe can do; truſting to her own knowledge and experience, cannot be inſerted in a more proper place:—*it were* to be wiſhed, that women practitioners, in general, were better inſtructed in the practice of MIDWIFERY; otherwiſe, in caſes of the leaſt difficulty, *they cannot be able to aſcertain* how far the buſineſs may be left to Nature, or, where ſuperior aſſiſtance becomes abſolutely neceſſary.

CASE LIX.

Mrs. W. after having been troubled with trifling irregular pains in the belly, for many nights together; for, in the day time, ſhe was generally pretty eaſy, ſent to me on the 29th of JULY, 1776. I examined her, and found the *uterine orifice* not in the leaſt extenuated, and no mucus deſcending from the parts: ſhe complained of having been coſtive; I pronounced the pains to be *ſpurious*: directed a medicine of the moſt gently laxative kind to be taken occaſionally, and a few drops of the *tinctura thebaica*, in a ſmall draught, at bed-time, or in the night, when the uneaſineſs ſhould return; by theſe means, ſhe proceeded in a tolerably eaſy ſtate, till the 14th of AUGUST following, in the morning of which, the genuine labour pains came on: they were, at firſt, remote, continued but a little while at a time, and a remiſ-

ſion

ſion of, at leaſt, half an hour, intervened; but, towards the evening, they acquired a greater degree of force, and recurred more frequent; the abdominal tumour ſubſided; ſhe was hot, reſtleſs, and the mucus diſcharge was tinged with blood; the *membranous bag* appeared flaccid to the touch; and, notwithſtanding the increaſed ſtrength of the pains, the *os tincæ* remained thick, and but little open; on the remiſſion of a pain, I could diſtinguiſh by the touch no particular part of the child which preſented: upon which, the labour was ſuffered to go on in its own way, till the pains became very ſevere indeed: and now I examined her again, and found the membranes much more tenſe, and puſhing againſt my finger, with a greater dilatation of the *os tincæ:* in a pain or two afterwards the membranes broke, and *both hands* immediately fell down into the paſſage. Here was another preternatural labour; in which, I was ſo lucky, as to be preſent on the rupture of the membranes. The poſition of the *fœtus* could not be well miſtaken. I adviſed

it, as moſt expedient, to turn the child, and deliver it: the patient was not, in the leaſt, averſe to the propoſition, and was, therefore, eaſily placed, in a convenient poſture, on her back; when, my hand, being well lubricated, I gently paſſed it over the cheſt of the child; but meeting with the *placenta*, which adhered on that ſide of the *uterus*, I withdrew it, and turning the woman, from her back to her ſide, introduced my other hand on the oppoſite ſide; but the action of the *uterus* prevented my proceeding: when it ceaſed, I renewed my attempts, and carrying my hand up to the feet of the child, which were lying towards the belly of the mother, brought down the legs, and extracted the body, with the utmoſt care and caution; the *placenta* followed, without much difficulty; it was a fine healthy child, and had ſuſtained not the leaſt accident in the delivery: the mother had an exceeding good getting up, and has ſince undergone two deliveries, without any extraordinary trouble.—I have been informed by a gentleman of credit; that, about ſix years ago, he

met

met with a caſe, where *both hands* preſented; the waters had been long gone off; the *pelvis* was narrow; and the difficulties he laboured under, were almoſt incredible; for, notwithſtanding his utmoſt endeavours, there was no acceſs to come at the feet *; one arm was, therefore, twiſted off

* I am told, it is, the opinion of a very judicious and eminent accoucheur, that when we are called to a caſe, in which the arm preſents, if great force has been uſed to extract the child in that poſition; or, the arms have been miſtaken for the legs, the pains at the ſame time being very violent, it is impoſſible to turn the child; becauſe we cannot introduce our hand into the *uterus*, the ſhoulders and body of the child being puſhed low down into the *pelvis*: under ſuch circumſtances, he obſerves, there is happily no neceſſity of turning the child, as it will be expelled by the power of the pains only; yet, in theſe caſes, he avers, that the body of the child does not come doubled, but the breech is the firſt part delivered, and the head laſt, the body turning as it were *upon its own axis*; he does not confine this obſervation to a ſmall child coming prematurely, but to a child of common ſize, provided the *pelvis* is well formed; nor does he reſt his aſſertion upon mere hypotheſis, but founds it on *four* caſes, which occurred in his own practice, in which the women were delivered: he infers not from hence, that there is no neceſſity to turn a child when the arm preſents; but leaves it for future experience, to determine how far, and in what caſes, the preceding obſervations ought to be a guide in practice.

at the elbow, and the child delivered piecemeal, in the beſt manner the operator could direct, by means of the crotchet; and the poor woman ſurvived but a few hours. Vide MAURICEAU, chap. 21. lib. 2.—LA MOTTE obſerves, that when the pains are at the ſharpeſt, the ſurgeon ought to enquire into the ſituation of the child; and, if he finds a hand preſenting through the membranes, he ought to open them immediately, and proceed to delivery; preventing, by that means, its coming down into the *vagina*, which it would partly fill, and be an impediment to the introduction of the hand into the *uterus*: he gives us two inſtances of *both hands preſenting*; in one of which, obſ. 244. upon touching, he found ſeveral little parts confuſed together, without being able to tell, whether they were hands or feet; he opened the membranes, and found them to be the hands; wherefore, he puſhed on to the bottom of the *uterus*, and met with the feet very far from one another, and joining them together, finiſhed the work; the *placenta* ſoon after following: he further remarks, that any practitioner may be in doubt,

about

about knowing the hands from the feet, through the membranes; but ſays, it is of no conſequence, ſince the ſame thing is to be done in either caſe: the operator, however will, in this inſtance, find it beſt, not to be too precipitate, and attempt a rupture of the membranes, till he finds the *uterine orifice* ſufficiently expanded. —The next caſe of *both the hands preſenting*, is in his 245th obſ. the woman had ſtrong pains; the membranes broke ſuddenly, and diſcharged the waters, and the hands with the breaſt, were puſhed down at the ſame time, with the ſame violence: he put her in a proper ſituation to be delivered, as ſoon as the pains ſhould abate their fury; kept his hand upon the breaſt, and as ſoon as ſhe had the leaſt interval, ſlid it along, to find the feet, which he did not ſucceed in for a great while; but, at length, obtained them, with much hard labour, and delivered a weakly child; which lived but a ſhort time.—Dr. ASTRUC, ſpeaking of the preſentation of the *hands*, ſays, " this poſture is eaſily known, when the membranes

are

are ruptured; and, as it is impoſſible, for the child to be delivered therein, it ought to be quickly remedied:" he further adds, that " they endeavoured, formerly, to reduce this caſe to a natural labour, by the head;" and, ſome ignorant midwives, ſtill act upon this principle: but, he adviſes, turning of the child immediately, when the waters are drained off, and to deliver it by its feet.—Dr. OULD deſcribes this to be one of the moſt difficult caſes in MIDWIFERY, for the operator; as the head being out of its natural direction, cannot preſs on the orifice, ſo as to dilate it: and the ſmall dilatation that is made, is taken up by the head; which cannot be put back, if far advanced, ſo as to give admiſſion to the operator's hand to bring forth the child by the feet; which is the only method in this exigency: and the feet, he alſo obſerves, are at a greater diſtance from the orifice, in this ſituation, than any other; the water is alſo, in a ſhort time, evacuated, when the head is not in, or cloſe upon the orifice, to hinder its exit; his directions are,

to

to turn the child, and bring it by its feet, as the only safe and sure method.—In the third volume of dr. SMELLIE, collect. 35, case 6, we meet with a very extraordinary case, where *both arms* were pulled without the *os externum*, the breast to the lower part of the *pelvis*; there had been two midwives with this woman for two days, one of whom was her mother; *both arms* had been down most part of that time, and had often been pulled at to bring the child as it presented; the arms were much swelled, and one being almost pulled from the shoulder, was snipped off with the sciffars: upon inspection, the parts of the woman were found livid, but not tore; the patient was flooding, and appeared in a dying condition. Her husband and friends being made acquainted with the circumstances of the case, begged, if possible, she might be delivered before she expired. Contrary to the Doctor's expectation, although the breast was pulled low down, he easily pushed it and the arm up into the *uterus*, and brought the child footling. He had no hopes of her recovery, although she

seemed

ſeemed to revive a little from the joy of being delivered; becauſe he was pretty certain that a mortification was begun, from the livid appearance of the external parts, and her complaining of no pain; when he introduced his hand into the *vagina* and *uterus* the *placenta* was all detached and lying looſe in the *uterus*. This was not her firſt child. The Doctor was called in the evening, and ſhe lived till next morning.—In the two following inſtances; where there was a prolapſion, of *one* or *both hands* along the head, I ſucceeded in the deliveries, by leaving the labours to nature only. But, in both caſes, the preſentation of the head was natural; the *pelvis* well-formed, and the *fœtus* not very large.

CASE

CASE LX.

I WAS ſent for to a village, about five miles from this town, on the fourth of NOVEMBER, 1769, to a patient, who had been a conſiderable time in labour, and was attended by a midwife; who told me, ſhe could very plainly feel *one hand* of the child: on examination, I found the *os tincæ* conſiderably dilated; the head deſcended below the brim of the *pelvis*, nearly to the middle; and the fingers of the left hand, coming down, on one ſide, at ſome little diſtance before it: the membranes broke two days before; and the waters diſcharged were very fœtid; from which it was concluded, that the *fœtus* had been dead ſome time; the pains were ſtrong and regular, and the woman under no apprehenſions of danger; but, ſo very ſick, that no ſooner had a pain left her, than reach-

ings

ings and vomitings ſucceeded, to the moſt violent degree, which I ever remember to have met with; and this, I was informed, had been the caſe from the beginning of her labour.—The opinion of DIONIS, concerning the vomitings, which attend women in labour is, that they are of excellent uſe, and are a ſign, that the child will come right, and that it ſtrikes againſt the bottom of the womb; which has a ſympathy with the ſtomach, by reaſon of the ramifications of the nerves, diſtributed to both one, and the other. Be that, as it may, in this caſe; tho' harraſſing to the woman, they were far from being detrimental; I ſeveral times attempted to puſh the hand up by the ſide of the head, but the pain or vomitings, alternately recurring, was as often obliged to deſiſt; at length, however, the head advanced, and, in about an hour, was ſafely delivered; the reſt of the body followed, without any difficulty; the child was alive, and the woman had a good recovery.

THE ſickneſs which attends labour, from the violent efforts of the *uterus*, as well as the nauſea and retchings, which are often ſo troubleſome in ſlow and protracted labours, moſt probably originate from the ſame cauſe, viz. the dilatation of the *os uteri*; by which, from the power of ſympathy, the ſtomach becomes more or leſs affected. — It has been generally ſuppoſed, that where fœtid waters have been diſcharged before the delivery of the *fœtus*, they are a certain ſign of its having been dead ſome time; but the fallibility of that concluſion, as in this inſtance, ought to make us on our guard, how we incur any raſh proceeding upon the ſtrength of ſuch a conjecture.—This patient was pretty far advanced in years before ſhe became pregnant, which accounts for the tedioufneſs of her labour; for the parts had thereby acquired a rigidity, much beyond that which we meet with in patients who are young, or in thoſe who have borne many children.

CASE

CASE LXI.

IN the year 1774. I was ſuddenly called to a patient, who had been taken in labour the night before; her pains had been ſmall, but very regular; ſhe had greatly complained of the Cramp in her thighs and legs; but after the membranes broke, which was about an hour before I ſaw her, ſhe had been totally free from that complaint; ſhe was rather low ſpirited, and the labour had been ſomewhat protracted, by an unwelcome piece of news, in which ſhe was much intereſted; and which had been very imprudently revealed to her. I gave her ſome conſolatory advice; and obſerving, the bad effects, which too much vexation might have on her labour, adminiſtered an opiate, and left her: in a few hours after

I was

row *pelvis*; the operator, ever remembering, that, unleſs the *uterine orifice*, is ſufficiently dilated to admit the inſinuation of his hand; (except in caſes of extreme danger,) it will be prudent in him not to proceed: and, even then, much care, and circumſpection, will be found requiſite.—It is a matter not unworthy our notice, that the more hard and rigid the chord is, the greater will be the danger of breaking it, by pulling, in order to draw out the *placenta*, after the birth of the child. And it is alſo to be remembered, that, as the *umbilical chord* is moſt denſe, firm, and ſtrong, next to the *fœtus*; ſo, it is generally *extenuated* in its progreſs to the *placenta*, and, conſequently, becomes weaker at its inſertion into that *vaſcular* maſs; from which, by pulling with too much force, it will, on that account, be the more eaſily ſeperated.

CASE LXII.

THE 4th of JUNE, 1776. Mrs. N. was taken with uneasy sensations in the *abdomen*, back, and loins; which continuing till the next day, I was sent for; she had a discharge of mucus from the *vagina*; and there were other signs of approaching labour: notwithstanding which, it was impossible to discover the *os tincæ*, by the touch; the difficulty of reaching it, convinced me of the probability of, at least, a lingering, if not a laborious, or preternatural labour: I, therefore, desired that a midwife might be kept in waiting; and, to be sent for again, when her pains had acquired a greater degree of force. It was not, till the afternoon of the following day, that my attendance was again required; when I was informed, that the pains had

had been quick and ſharp for ſome time paſt; that the waters had been diſcharged, but the head of the child continued very high up, and did not advance in the leaſt, although the parts were ſufficiently open: from this account of the caſe, had the midwife been right in her conjecture of the part which preſented, there could have been but little doubt of a difficult labour; but it was more particularly to be feared, when now, upon ſearching, I eaſily perceived, that the part which was miſtaken for the head, was, in reality, the *ſhoulder*; the *acromion* being diſtinguiſhable by the *clavicll*, and neck leading to the head; I carefully avoided the leaſt ſurprize, privately convinced the midwife, that the poſture of the child was wrong; and, after ſome deliberation, as the ſtrong pains were much abated, and the *ſhoulder* preſented, the expediency of an attempt to deliver the child footling appeared of the utmoſt conſequence. The midwife was right in her account of the diſtention of the parts; for, notwithſtanding, the child, in its preſent ſituation,

rather extended from ſide to ſide, and the preſenting part could not, even with the aſſiſtance of pains, have had any great effect in dilating and ſtretching the *os uteri*; its orifice was ſufficiently enlarged; and, therefore, as the patient laid on her ſide, I endeavoured in the moſt gentle and eaſy manner, to inſinuate my hand through the *vagina* into the *uterus*, with a view to obtain the feet: but, as they were ſituated towards the *fundus uteri*, and the *abdomen* was pendulous; without uſing any exertions, which might have been painful to the woman, and proved fruitleſs in the event; I recommended to the patient a prone poſition, reſting on her elbows and knees, according to DAVENTER's inſtructions in the like caſe, to which advice ſhe gave her conſent; and then, by a ſlow, gradual introduction of my hand, I paſſed the preſenting part, ſoon found the feet, and carefully brought them down, without any injury to the back or hips, and afterwards cautiouſly accompliſhed the whole delivery, in leſs time than I expected, and both mother and child did very well.—

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MAURICEAU, in ſpeaking of a delivery, when the child comes with *ſhoulder*, back, or breaſt, conſiders the *ſhoulder* to be the moſt difficult of either preſentation, becauſe, it is furtheſt from the feet of the infant; and very juſtly recommends the ſurgeon to attempt the delivery by the feet, in preference to the former method of trying to put the ſhoulder back to make way for the head of the child, that ſo it may be reduced to a natural birth.—DIONIS alſo ſpeaks of this as one of the worſt poſtures that a child can poſſibly come in, not only becauſe of its great diſtance from the feet, but alſo becauſe the head and neck, when thus placed, are very much ſqueezed and compreſſed.—We find the judicious DAVENTER of the ſame opinion, and entirely agreeing, in the mode of delivery, with both the foregoing writers. Vide GIFFARD, caſe 171. PORTAL, obſ. 7. 19. 21. 48, & 56. and LA MOTTE, obſ. 243. In the fifth caſe of dr. SMELLIE'S third vol. coll. 34. we meet with an inſtance, where the left *ſhoulder* preſented: after the body was delivered, by firſt bringing down the feet, the head ſtuck

in the *pelvis*; the ſhort forceps were employed; but not ſucceeding, it was at length brought down, and with much difficulty, delivered by manual aſſiſtance alone: in the firſt caſe of no. 2. in the ſame collection, the left *ſhoulder* preſented; the fore parts of the child to the right ſide of the *uterus*; the child was delivered by the feet, but not without changing hands three or four times, which were much ſqueezed and cramped by the ſtrong contractions of the *uterus*, &c.—in the next caſe, the right *ſhoulder* preſented, the legs being againſt the fore part, and *fundus uteri*: here the delivery was aſſiſted by the nooſe: the 15th caſe of the ſame number, contains a *ſhoulder* preſentation, with a pendulous belly: and DAVENTER'S method of turning the woman to her knees and elbows, is adviſed to be tried in ſuch caſes: caſe the third, of the 35th collection, in the ſame volume, exhibits an inſtance of a *ſhoulder* preſentation; in which, we find the *fœtus* delivered, by the ſhocking expedient of tearing down the body with the crotchet.

CASE

CASE LXIII.

EARLY in the morning of the 11th of NOVEMBER, 1774. being ſent for to a woman, whoſe former labours had been natural, and not attended with any extraordinary difficulties; I found the membranes broke, and that one of the *hips* preſented; it was the left, ſituated above the *pubes*, and the thighs were to the right ſide; the *os uteri* was pretty much ſpread, and the labour pains, which had been very ſtrong, were now grown weaker, and recurred at very long intervals:—in this poſition of the caſe, I did not heſitate, to give it, as my opinion, that the child ſhould be turned, and delivered; I ordered an emollient clyſter to be given the patient: and ſoon after, as the woman laid on her left ſide, gradually paſſed my right hand into the *vagina*, and puſhing gently for-

ward, ſo as to raiſe the breech, advanced it along the thighs to the *fundus uteri*; the waters being not all evacuated, facilitated the introduction of my hand to the *fundus*; where I eaſily found the legs, and having brought them and the thighs down, I turned the belly to the *ſacrum*, and, in a few minutes, effected the delivery; both the mother and child did well: in this caſe it was a very material advantage to me, that the waters were not all evacuated, and conſequently, the *uterus* but little contracted round the child's body: the facility with which I delivered was alſo much owing to the ſmallneſs of the child, a well-formed *pelvis*, and the woman having before borne ſeveral children.—I have ſince attended the ſame perſon in three Lyings-in, and, in neither, of which, had much more to do, than to receive the child in a ſhort time after coming to her.—GIFFARD, in caſe 49. met with a child preſenting with the right *hip* foremoſt; he endeavoured, by paſſing his fore-finger over the thigh, near the groin, to draw the *hip* forward; but that method not ſucceeding, he

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tried to bring a ſtring, doubled over the end of his finger, over the thigh, and with ſome difficulty did it; and paſſing up a finger on the other ſide of the thigh, he took hold of the part of the ſtring that was doubled, and brought one end out of the *labia*, and then taking both ends in his hands, when a pain came on, he pulled gently towards him, adviſing the patient at the ſame time, to preſs ſtrongly down; by which means, he found the child advance according to his wiſh, and was ſoon able to extricate the *hips*, and bring out the legs and thighs; but finding the belly turned ſomewhat ſideways, he put one hand upon the back, and his other under its belly, and turned the face towards the *anus* of the mother; when he had brought the child as far as the ſhoulders, he fetched down the arms; and finding it ſtick at the head, put two fingers into its mouth, and by pulling gently at the lower jaw, and at the back part of the ſhoulder, in a ſhort time brought out the head; the child was born alive, but died ſoon after. Vide caſes 123. 197.

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& 204. of the ſame author. And LA MOTTE, obſ. 283. & 284. who obſerves, that there is no part which reſembles the head more than the *hip*, it being hard and round, and always at a great diſtance, as it will not admit of being bent enough to engage in the paſſage, unleſs forced, indeed, by the ſharpeſt pains a woman can endure, after the coming away of the waters: he adviſes the ſurgeon not to ſtay till this *pretended head* advances; but, without delay, to ſet about enquiry into the ſituation of the child.—PORTAL has given a caſe, in obſ. 52. where a child was ſituated with the *hip* foremoſt; and he ſafely delivered it by introducing his hand, and bringing the child by its feet: he adds, that it was born alive, notwithſtanding it had voided, before delivery, much *meconium*, or black excrements: contrary, he ſays, to what is aſſerted by mr. VIARDEL, in the 4th chap. of his obſervations, page 75. viz. "That, upon ſearching a patient, he met with the ſaid excrement, and thence concluded that the child was dead: adding, that no body before him had made this obſervation."

ervation." Our author very juſtly contradicts his aſſertion: and adds, "That of an hundred children, which came with the fundament foremoſt, at leaſt, fourſcore are born alive, though they always void theſe black excrements." And here it may be proper to obſerve, that the *meconium* either paſſed by itſelf or with the waters, is almoſt a general concomitant of a breech preſentation—in any other preternatural poſition of the child; or, where the labour is attended with extraordinary circumſtances; the diſcharge of the *meconium* ought never to be conſidered as a *certain indication* of the *fœtus in utero* being *extinct*; the moſt certain ſigns of which will be found to be the cadaverous ſmell of the waters, evacuated from the *uterus*; no pulſation in the *fontinelle*, *funis*, wriſt, or ancle: but, above all, and which is the moſt unerring indication of the child's death; and, that the greateſt degree of putrefaction certainly obtains, is, the cuticles peeling off to the touch: moſt, if not all of the other ſigns, which authors have taken much pains to delineate are, at beſt, equivocal

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and uncertain; and, by relying on them, we ſhall often be deceived. In reſpect to the *meconium*, I have frequently known a diſcharge of it, where the preſentation has been natural, and the delivery fortunate and expeditious. But to return to what more immediately concerns the caſe above related; I ſhall refer the reader to caſe 8. coll. 32. of dr. SMELLIE's 3d vol. which, in ſome reſpects, is nearly ſimilar to that which fell under my care: alſo, in caſe 4. coll. 34. we find the ſide of the *hip* preſenting, with the fore parts of the child to the back part of the *uterus*; in which caſe, the author tells us, the child was ſafely delivered, as in breech caſes: in caſes of both 10. & 11. in the ſame coll. we find the *haunch* of the child preſenting; and, the deliveries effected as before.

CASE

CASE LXIV.

I WAS called to a woman in labour about ſix 'clock in the afternoon of the 7th of SEPTEMER, 1769. a midwife had been long in waiting, nd the waters ſome time gone off: upon exaination, I found the hands, feet, and *funis*, ltogether in the *vagina*; upon which, I turned he woman to a ſupine poſture, and introduced ny hand, well lubricated, ſecured the feet, rought them down without the *labia*; the other arts receding in proportion as the feet adanced, and the child was pretty eaſily deliered; the ſmallneſs of its ſize, the retention of he *placenta*, and recurrence of labour pains, nade me ſuſpect another child behind; and upon lacing my hand externally between the *umbilicus* nd *pubes*, I found a hard circumſcribed tumour:

mour: and, upon gently introducing my hand into the *uterus*, a ſecond ſet of membranes was perceptible, but no part of the child diſtinguiſhable through them: I ordered a gentle compreſſion to be made on the *abdomen*, as the woman was in a pretty good ſtate, thought it beſt to wait for the natural pains; by the force of which only, in leſs than an hour, the membranes broke, and the child was delivered breech foremoſt. No attempt had been made to extract the firſt *placenta*; on the *funis* of which I had applied a ligature at that end next the mother: I had now both chords at my command, and the *placentæ*, which formed but one maſs, ſoon advanced towards the *uterine orifice*; where, from the ſize, it met with conſiderable reſiſtance, and I was obliged to introduce two fingers into the *vagina*; by which means, I brought down the edge, and afterwards the whole body followed, with very little difficulty.

IT is a rule, well worthy the practitioner's moſt ſerious conſideration, never, by force, to attempt the delivery of the *placenta*, after one child is born, and no doubt remains of their being a ſecond; as by ſuch practice, in an ignorant pretender to MIDWIFERY, I once knew a flooding brought on, which proved fatal, even before the ſecond child was well delivered. After the birth of the firſt child, it will be prudent and ſafe, to make a gentle compreſſion on the *abdomen*, for this very ſubſtantial reaſon; that the ſudden removal of *uterine* preſſure may not be attended with dangerous conſequences. In general, we find but one *placenta* to one child; yet it frequently happens, as in the caſe before us, that there are Twins, which have only one *placenta*, in common to both: and BARTHOLIN, in his Epiſtle cent. iii. Epiſt. 62. makes mention of a woman having miſcarried of three children, who had only one *placenta*, in common to them all. In caſe 8. coll. 37. of dr. SMELLIE'S 3d. vol. we meet with an inſtance of three children; two of which had one *placenta*

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in common to them both, and the third one to itſelf. In the caſe which follows, is deſcribed the hiſtory of three children at a birth, two of whom had likewiſe their *placentæ* joined together, and one ſeparate. And LA MOTTE, in obſ. 300. ſpeaks of three children at a birth, whoſe *placentæ* were all united, and formed a maſs of a prodigious bigneſs; which was likewiſe the caſe in another delivery of Twins, that immediately follows in obſ. 301. and, in both theſe caſes, he tells us, that he was not able to obtain the *placentæ* by the chords, but was obliged to have recourſe to manual aſſiſtance. Vide caſe 101. of this collection.

CASE

CASE LXV.

THE 29th of NOVEMBER, 1775. I was called to a woman, whoſe midwife about eight hours before had delivered her of one child by the natural pains; but finding it impoſſible to bring away the *placenta*; ſhe had examined, and found the head of another child, which, as the pains were good and ſtrong, ſhe every moment expected to advance, and be delivered; but, at length, finding the pains ſlacken, and the woman, ſhe ſaid, much weakened by flooding; ſhe had requeſted further aſſiſtance: I found the patient hot, reſtleſs, and weak, and the pains not very ſtrong but pretty regular; at the ſame time, upon examination, I was glad to find the head had paſſed the brim of the *pelvis*, and was ſo far advanced, that the ſoft parts of the woman

began to protrude. The draining of blood, which the midwife had thought to be a *uterine flux*, proved a diſcharge, from the navel ſtring of the child, which had been firſt delivered. After making a ligature on the bleeding *funis*, and waiting a few minutes, the child was delivered without any difficulty; appeared to have been dead no great time, and moſt probably was injured by the flux from the *funis*; the *placenta* was in one large maſs with two chords, pretty eaſily ſeparated, and was delivered ſoon after the birth of the ſecond child: the woman continued very feveriſh, with a quick pulſe, complained of pain and ſickneſs at her ſtomach; had little reſt that night; and the next morning was attacked with the incipient ſymptoms of a puerperal fever; ſhe had vomited a large quantity of *black bile* from the ſtomach, ſhewed great anxiety, ſighed deeply, and laboured under much dejection of ſpirits; the *lochia* had, at firſt, flowed in a ſmall quantity, but now totally diſappeared: the next day ſhe became highly convulſed and delirious, and expired on the fourth

from

from her delivery.—Dr. LEAKE remarks, that whenever the quickneſs of the pulſe does not ſoon go off, after the delivery, it denotes ſomething amiſs in the habit, which may kindle up a fever; and, which is always found to be the more dangerous, the ſooner it invades the patient.—HIPPOCRATES, in his Aphoriſms, takes notice, that black excrements, reſembling black blood, are to be looked upon as a bad omen: and, that black bile rejected either upwards or downwards at the beginning of a diſeaſe, is a mortal ſign; which obſervation was in this caſe too fatally verified—Dr. BURTON has given an inſtance of a mother and child being almoſt wholly drained of their blood, by the midwife's neglecting to tie the navel ſtring of *the firſt of the Twins*, which was brought forth without perceiving that the other ſtill remained in the womb. It is very probable, that as this patient laboured under the *pathognomonic* ſymptoms of putridity, that might, in great meaſure, be the cauſe of her death.

CASE LXVI.

COMMUNICATED

IN A LETTER TO THE LATE

DR. COLIN MACKENZIE.

"SEPT. 30, 1769.

"DEAR SIR,

"FROM ſome ſingular caſes, "which have lately occurred to me; I take the "liberty of ſelecting the following one, for your "peruſal and opinion: about two o'clock in the "morning of the 16th. paſt, I was ſent for to a "young lady, in labour of her firſt child; and "found her under much anxiety and depreſſion

"of

" of mind, from having loſt her huſband a few
" weeks before by the ſmall pox; from which
" diſtemper, of the diſtinct kind, ſhe herſelf was
" but juſt recovered; a midwife had been in
" waiting for a week, who informed me that
" the patient had been in labour for the greateſt
" part of that time. The pulſe was extremely
" languid; I gave her two ſpoons-full of
" a cordial mixture; and ſoon after, in the
" courſe of a little pain, took the opportunity of
" examining her: the *os tincæ* was pretty widely
" ſpread, though very high up, inclining back-
" wards; the parietal bones decuſſated each
" other, and puſhed down, in a lengthened
" form, to near the middle of the *pelvis*; whoſe
" capacity, I could plainly perceive, to be re-
" trenched by the intruſion of the *vertebræ lum-*
" *borum* over the *ſacrum*. I felt myſelf moſt
" extremely unhappy, for the poſſible danger of
" the caſe, and diffident of my own powers,
" without ſhewing any marks of fearful appre-
" henſion, or conveying the leaſt idea to the pa-
" tient of her very diſcouraging ſituation: in-

" formed the relations of my real opinion; and,
" at the ſame time, hinted to them the obliga-
" tions I ſhould be under, in their calling in to
" my aſſiſtance, a ſenior practitioner, of eſta-
" bliſhed reputation; but finding my propoſal
" not properly attended to, and the charge,
" which, on many accounts, I could have been
" glad to have had divided, thus devolved on
" myſelf, and become entirely my own; I be-
" gan to conſider, that the firſt ſtage of the la-
" bour was perfectly finiſhed, that nature had, in
" vain, exerted her utmoſt efforts; which, with
" the declining ſtrength of the patient; it was
" eaſy to infer, that a recurrence of pains
" would be but of little ſervice in the advance-
" ment of the head: and ſeeing not the leaſt
" proſpect of advantage by delay, I thought of
" the long curved forceps, to extract the head as
" it preſented: with this view, I gave her an
" emollient clyſter, of milk, oil, and ſugar. It
" was in vain that I ſought for an ear, to aſcer-
" tain the application of this inſtrument; the
" compreſſion of the head was ſo great, as to
" firmly fix it in the *pelvis*; and the contraction

" of

" of the *uterus* increaſed by the long evacuation
" of the waters, gave me ſo much trouble in the
" introduction of my hand, as the patient laid
" on her ſide, that I was obliged to withdraw it;
" when, to my great ſurprize, and as an addi-
" tion to my embarraſſments, an incipient flood-
" ing came on, and made the caſe more deſpe-
" rate and dangerous; however, concealing my
" thoughts, and ſtill unwilling to employ the
" crotchet, I perſevered in my firſt deſign; and
" placing the patient on her back, ſucceeded in
" the introduction of my left hand, within ſide
" of which having inſinuated one blade of the
" long curved forceps; I paſſed up my right
" hand on the oppoſite ſide, and then with-
" drawing the left, applied the ſecond blade of
" the forceps, and locked the handles together;
" which was ſcarcely done, when I perceived
" the flooding to increaſe, the woman ſunk away
" in a fainting fit, and, I was afraid would in-
" evitably expire under my hands: I had no
" time to tie the handles of the forceps, and, at
" this inſtant, making uſe of a ſmall degree of

" pulling force, the inſtrument ſlipped from its
" hold, and my taſk now remained to be done
" over again: in a little time, ſhe ſo far revived
" from the fainting fit, as to drink a little red
" port; and, without altering her poſition, after
" much difficulty, I again applied the forceps,
" and now ſecured the handles with a garter, by
" which time ſhe relapſed into a ſecond fainting
" fit; and, during its paroxyſm, I brought
" down the head, ſo low as to protrude the ex-
" ternal parts: and now, with the fore finger of
" my left hand, I could diſcover the forehead to
" the right *os iſchium*; therefore, thought it
" right to turn it into the hollow of the *ſacrum*,
" as a means of ſaving the *perinæum* from lace-
" ration, to which it would otherwiſe have been
" expoſed: having now a good command of the
" handles of the forceps, I ſoon effected this
" buſineſs, and ſtanding up, delivered the head,
" which was ſqueezed to a prodigious length;
" and, notwithſtanding my utmoſt care and
" caution, the *perinæum* ſuffered a ſlight lacera-
" tion; an accident I was extremely ſorry for,

" but

" but could not, by any means, avoid: the pa-
" tient continued in a fainting fit, through the
" whole time of the delivery: and, it was not
" till after the ſeparation of the *placenta*, which
" happened in a few minutes after that ſhe came
" to herſelf; it was about ten at night that ſhe
" was delivered, and, till half paſt twelve, I ex-
" pected that every moment would be her laſt;
" for the flooding continued, notwithſtanding
" my utmoſt endeavours to reſtrain it: this was
" a ſituation truly critical to my patient, and
" alarming to myſelf; for, ſhe was not only fre-
" quently attended with faintings, but the pulſe
" became feeble and interrupted, and the extre-
" mities were cold and livid; her belly was
" kept in a ſtate of compreſſion by a ſwathe, and
" the body in an horizontal poſition, with her
" head reclining downwards; the windows and
" doors of the room were opened; a bladder,
" half-filled with cold water, was applied to the
" *pubes* and *os externum*; compreſſes, dipped in
" cold vinegar, were applied to the *abdomen*, and
" renewed from time to time; ſtill the languor

" and

" and faintneſs continued, but happily no con-
" vulſions enſued: I had got down two or three
" ſpoons-full of red wine and water cold, and
" acidulated with lemon juice; the flooding, at
" length, abated; ſhe gradually came more and
" more to herſelf, inſomuch that ſhe ſupped a
" little weak broth; which, with other light
" nouriſhment, was repeated at intervals, in ſuch
" quantities as her ſtomach would diſpenſe with,
" and ſhe continued from one o'clock in the
" morning till ten, without any more fainting; I
" had never once quitted her in the whole time;
" the flooding was ſtopped: and, for two days
" after, I flattered myſelf, that, though weak
" and low, ſhe was rather in a convaleſcent
" ſtate; but now a *diarrhœa* ſuddenly ſuper-
" vened, and filled me with freſh apprehenſions
" for her ſafety; ſhe had ſtools frequently, and
" not leſs than five within the ſpace of an hour;
" they were frothy, bilious, and moſt intolerably
" fetid; the ſkin was dry and hot, the pulſe
" weak and quick; a univerſal languor ſucceed-
" ed, and ſhe was attacked with a *ſubſultus*: her

" life

" life ſeemed again in the moſt imminent danger,
" and her friends entertained not the leaſt hopes of
" her recovery: I gave her ſmall doſes of *ipeca-*
" *cuanha* with *tinctura thebaica*, in proportion;
" by which, the *diarrhœa* was, in a few hours,
" palliated, and the ſtools became leſs frequent,
" and more conſiſtent; but the *ſubſultus* ſtill con-
" tinued, and ſhe was not wholly free from it
" till the ſixth day after its attack: and ſhe had
" taken freely of a decoction of *Peruvian bark*,
" every third or fourth hour, and *julepum e moſ-*
" *cho*, in the intermediate ſpaces; both theſe
" medicines were of infinite ſervice to her; and,
" in many ſtages of puerperal complaints, I am
" convinced, by experience, that we have not a
" more efficacious and ſerviceable remedy in the
" whole *materia medica*, than the *cortex*, pro-
" perly preſcribed. She made no water till the
" third day after her delivery, and then paſſed it
" with pain and heat: *gum arabic* was therefore
" diſſolved in water, and mixed with her common
" drink; the lacerated parts of the *perinæum*
" were eaſily healed, by carefully defending them
" from

" from excoration, to which they were liable from
" the *lochia*, ſtools and urine, and dreſſing them
" twice a day with dry lint and emollient oint-
" ment. Thus having done every thing in my
" power to ſupport her ſtrength, and recover her
" ſpirits; I have the peculiar ſatisfaction of in-
" forming you, that ſhe has recovered, to the
" admiration of every one who knew her; and,
" except a weakneſs in her nerves, to which
" ſhe is naturally diſpoſed, is, at this time,
" nearly as well as at any former period, prior
" to her delivery.—It is now time to return to
" the child: and, I muſt beg your pardon, for
" not taking notice of it in its proper place;
" but, the embarraſſment I was reduced to, by
" the deplorable ſtate of its mother, engroſſed
" the whole of my attention, and prevented every
" digreſſion from the diſtreſſed object of my more
" immediate care: when it was firſt born, it
" could not be perceived to breathe; it was
" black, and ſwelled in the face, and the
" body livid; I ordered the head, breaſt, and
" extremities, to be rubbed with warm flannels

" dipped

" dipped in a volatile liniment, and made no
" ligature on the *funis*, that it might bleed: by
" which means, in the ſpace of five minutes, it
" firſt began to gaſp, gradually got ſtrength,
" cried, received a little manna diſſolved in
" warm water, recovered, and is now ſuckled by
" another woman; as it were improper to im-
" poſe that taſk on the mother, and, perhaps,
" better for the child, that it ſhould receive its
" food from a more vigorous conſtitution. I
" fear you will think me tedious; therefore ſhall
" detain you no longer, than to add the ſincere
" attachment, with which, I am, &c."

THE REPLY.

" DEAR SIR,

" THE caſe inſerted has been a
" troubleſome one: we may call it a ſtrictly dif-
" ficult

" ficult and laborious labour indeed; and, I really
" think, the method you took, was the beſt; as,
" that of the crotchet is to be dreaded, and
" ſhould ever be the laſt: were objections to
" be made to the caſe, I ſhould think it my
" duty to apprize you of them. Might objec-
" tions be made, and the objectors and myſelf
" were attending, and in your caſe, we ſhould,
" probably, have recourſe to the very ſame me-
" thod; ſo highly is it, at all times, to think,
" ſpeak, and act with candour. You can never be
" too prolix, in the relation of facts; it is theſe,
" without art or addreſs, we want literally told,
" as they happen. I am, very truly yours, &c."

IT may be obſerved as a general rule, that, when the woman has been in labour an unuſual length of time; and, though the *os tincæ* is greatly dilated, ſtill the head of the child continues very high up, it certainly will prove a difficult labour, and ſo *vice verſa:* it is alſo to be remarked, that the forceps will be always found to ſucceed beſt, after the woman has had one child.

CASE

CASE LXVII.

THE *procidentia uteri*, is a diſorder, which is found much more rarely to happen in the unimpregnated ſtate, than otherwiſe; yet, a delicate conformation of the nerves, with a general relaxation of the habit, will ſometimes conduce thereto: as, in a caſe, which fell immediately under my cognizance and care, in the month of MARCH, 1769. The ſubject, was a young woman, in the nineteenth year of her age; naturally prediſpoſed to nervous complaints, juſt recovered from a fever, which had confined her to her bed for ſeveral days; and, upon catching freſh cold, by keeping her legs and feet too long immerſed in water, a violent cough enſued; in a fit of which, ſhe ſuddenly complained of ſomething having fallen down within ſide her belly;

great

great pain, and bearing down; which ſymptoms increaſing, with every freſh fit of coughing, at length an entire ſuppreſſion of urine ſupervened: the belly was ſo much diſtended, as to make a viſible protuberance of the bladder; which, I feared, might be in danger of burſting, before the water could be drawn off: in this troubleſome and dangerous ſtate of the caſe, it was, with much difficulty of perſuaſion, that I could overcome the falſe delicacy of the patient, by repreſentations of the riſk ſhe ran by delay, and the abſolute neceſſity which appeared for examining the parts, and of drawing off the urine—by paſſing a finger up the *vagina*, I found the *procidentia uteri* complete; the *os tincæ*, the preſenting part, ſo low down as almoſt to appear without the *labia*; the parts were ſo irritable and inflamed, that ſhe ſhrunk away with pain from the touch; ſhe was hot, had a ſlight *teneſmus*, and ſome nauſea: I therefore preſcribed an anodyne emulſion; gentle laxatives; emollient fomentations; and emptied the *rectum* with a ſoftening clyſter: keeping her continually in an horizonta

rizontal poſition; after theſe means had been ſufficiently tried, and more eaſe procured, I introduced the catheter, without any difficulty, and drew off a great quantity of water; a recumbent poſture was ſtill directed, and the anodyne emulſion continued till the fourth day, when I conceived it right to attempt the reduction of the *uterus*, and placing the patient upon her knees and elbows, with her head downwards, my fingers being well anointed with pomatum, thoroughly effected that buſineſs; Reſt, a proper regimen, and poſture, was ſtill obſerved, and the free uſe of *oleum ricini*, with a few drops of *tinctura thebaica* at bed-time. palliated the cough, and prevented any uneaſy conſtipation of the bowels, which, by bringing on ſtraining ſtools, might otherwiſe have renewed the complaint; every proper precaution being taken, and the habit, braced in due time, the patient entirely recovered, and has ſince remained free from the leaſt relapſe.

CASE LXVIII.

IN JULY 1770, a young woman, of a lax habit, about twelve or thirteen weeks advanced in her ſecond pregnancy, after much trouble and vexation, on a ſudden complained of a difficulty in making water and going to ſtool: this continued for two days, when a total ſtoppage of urine, teneſmus, vomiting, and bearing-down pains, reſembling thoſe of labour, came on. She had ſought for no advice, and this was the fourth day ſince ſhe had either paſſed a drop of urine, or gone to ſtool; her inclination to which had frequently brought on ſtrainings, which conſequently ſerved to favour the deſcent of the *uterus*; which, upon examination, was found to form a large ſmooth tumor in the *vulva*, and was ſo tightly wedged into the *pelvis*, that I found

found it impoſſible to paſs my finger, on any ſide, between the tumor and the ſurrounding parts. The ſwelling, in time of a pain, puſhed forward, and felt not much unlike the head of a child, protruding with the labour pains. To remove every impediment, which might materially prevent and interrupt the reduction, was my firſt care; I therefore ordered an emollient clyſter of warm milk and water, with weak chamomile tea, and a proper quantity of olive oil, to be immediately given, that the *rectum* might be emptied of its contents; but ſuch was the preſſure upon this bowel, that little or none of the clyſter was thrown up, and it was with much difficulty that the pipe was introduced at all. Every medicine, which was drank, was immediately rejected, and the catheter, after repeated trials, I was obliged to lay by; for, although it ſometimes in part gained admiſſion, no water was drawn off. I then had the patient placed on her knees and elbows, with her head reclining downwards, and an aſſiſtant to ſupport it; but all my attempts with my fingers in the *vagina*

and *rectum*, to aſſiſt in raiſing the deſcending tumor, were utterly ineffectual; another practitioner was called in, but our united endeavours were fruitleſs; the poor woman had moſt ſevere nauſea and vomiting, became delirious, convulſed, and died in great agonies, in the morning of the ſixth day, from the firſt acceſſion of her complaints. In the 26th plate of Dr. HUNTER's gravid *uterus*, this diſorder receives much uſeful illuſtration; and in the Medical Obſervations and Enquiries, we meet with *two* fatal inſtances, where the reduction of the *uterus*, as in the caſe above recited, could by no means be effected; in the firſt there was a rupture of the bladder: in the ſecond caſe, which is an appendix to the firſt, and publiſhed by the ingenious and learned Dr. WILLIAM HUNTER, it was very extraordinary that, upon opening the body after the death of the unfortunate patient, that the *uterus* in that *retroverted* ſtate, was grown ſo large, and thence ſo wedged in the *pelvis*, that it could not be taken out till the *ſymphiſis*, of the *oſſa pubis*, had been cut through, and the bones

bones conſiderably torn aſunder, to enlarge the ſpace within the bones of the *pelvis*, &c. &c. Dr. HUNTER recommends placing the woman on her knees and elbows, with her head downwards, and by introducing one hand up the *vagina*, attempting to draw it forwards at the ſame time, with two fingers of the other hand *in ano*, we endeavour to puſh up the *fundus uteri*: and farther tells us, that if this caſe is diſcovered ſoon after it happens, that it may be reduced by this method; but that when the *uterus* is *inverted*, it will always remain ſo, unleſs relieved before the *fœtus* becomes ſo large, and the *uterus* ſo diſtended, as to lock itſelf up in the *pelvis*; at which time, and not before, the mother begins to feel exquiſite torture. In the hiſtory of the firſt of theſe caſes, it appeared from the general habit, and a previous *prolapſus vaginæ*, that *relaxation* in general, and particularly of the *uterine* ligaments and appendages, was the grand pre-diſpoſing cauſe of this misfortune; and that the catheter was conſtantly paſſed into the *urethra*, by feeling the end of the inſtru-

inſtrument, while in the *urethra*, and by repeatedly drawing off ſmall quantities of urine, ſo that the *meatus* was clearly and diſtinctly felt under the *ſymphiſis* of the *oſſa pubis*, and the tumour in the *vagina*, though it conſiderably diminiſhed its diameter, particularly in its inferior part, towards the *os externum*, did not in the leaſt preſs upon the *urethra*, nor made any obſtruction to the free and eaſy paſſage of the finger between that and the *pubis*; and conſequently was no obſtacle to the introduction of the catheter. This obſtacle, the author obſerves, was much higher up, and always impaſſable at a certain point from the exceſſive and ſingular ſort of preſſure of the *uterus* and bladder upon each other, forcing the latter to become, as it were, pendulous over the *oſſa pubis*, and to form an acute angle with the *urethra*, occaſioning ſuch an invincible obſtruction, as, although it admitted a ſmall quantity of urine, to inſinuate itſelf into the *catheter* from above, it would by no means admit that inſtrument to paſs it from below. If we appeal to our own experience and obſerva-

tion,

tion, continues our writer, and credit the aſſertions of the learned VAN SWIETEN (in his commentaries upon the *Aphoriſms* of the illuſtrious BOERHAAVE,) and thoſe of a celebrated DUTCH artiſt, whom he has quoted, we ſhall find that it has ſometimes been extremely difficult when the *uterus* has been remarkably prominent and pendulous over the *oſſa pubis*, to paſs the catheter into the bladder from this *viſcus*, forming an angle with its own neck; but, in the caſe which he had deſcribed, he obſerves, that the unnatural ſituation of the *uterus*, &c. and the moſt violent and ſingular kind of preſſure, and the exceſſive conſtriction upon the bladder, all concurring, formed ſo acute an angle, as to render that operation impracticable. He ſuppoſes that a flexible catheter, or one of a particular conſtruction, might have anſwered here; but, as he had not ſuch an inſtrument, he confeſſes that he did not at that time think of it. Vide a very extraordinary account of a *prolapſus uteri* and *veſicæ*, in the third vol. of Medical Obſervations and Enquiries, by Dr. WHITE of MANCHESTER.

CASE

CASE LXIX.

THE 29th of DECEMBER, 1777, I was called to a woman, who, a few hours before my arrival, had been taken in labour, and ſent for a midwife, who found ſomething protruded before the child's head, which ſhe adjudged to be the navel-ſtring, and deſired my aſſiſtance. I had attended this woman in two preceding labours: ſhe was of a very weakly habit; and, in her laſt labour, the womb, by the force of the pains, had deſcended into the *vagina*; but, by ſuſtaining it with the preſſure of my hand, when the pain was on, the parts became gradually dilated, and, in a little time, the event was as favourable as I could wiſh. In the preſent caſe, not only the womb deſcended, as before, but the *vagina* pro-

prolapſed by the force of the pains, and protruded conſiderably before the head of the child. This the midwife had miſtaken for the *funis*; in the remiſſion of pain I introduced my fingers, and replaced the *vagina*, but it prolapſed again with the next return of pain, and was reduced as before. The child was ſoon after delivered, and I had no farther trouble. This is a diſorder which very ſeldom occurs: the prolapſion of the *uterus* at full time, is generally attributed to an extraordinary width of the *pelvis*; and that of the *vagina* to extreme weakneſs.

THE END OF THE FIRST VOLUME.

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